



BOARD MEETING AGENDA

**Holiday Inn
Sacramento-Capitol Plaza
300 J Street
Sacramento, CA 95814
(916) 446-0100**

April 10-11, 2013

Wednesday, April 10, 2013 – 9:00 am

1.0 Call to Order – Board Vice President

Members: Raymond Mallel, President (absent)
Cynthia Klein, RN, Vice President
Erin Niemela
Michael D. Jackson, MSN, RN
Trande Phillips, RN
Jeanette Dong

Executive Officer: Louise Bailey, M.Ed., RN

2.0 Public Comment for Items Not on the Agenda

3.0 Review and Approve Minutes:

➤ February 6-7, 2013 Meeting Minutes

4.0 Report on Board Members' Activities

5.0 Board and Department Activities

5.1 Executive Officer Report

6.0 Report of the Administrative Committee

Raymond Mallel, President, Chairperson

6.1 Selection of Nominating Committee for President and Vice President

6.2 Proposed Regulation for Reporting of Convictions for Initial Licensure and
Renewal of License

6.3 2013 Forecasting Report of RNs in California

7.0 Report of the Education/Licensing Committee

Michael Jackson, MSN, RN, Chairperson

7.1 Ratify Minor Curriculum Revisions

- Azusa Pacific University Baccalaureate Degree Nursing Program
- California State University, Fullerton, Baccalaureate Degree Nursing Program and Entry Level Master's Degree Option Nursing Program
- West Coast University, Inland Empire, Baccalaureate Degree Nursing Program
- West Coast University, Los Angeles, Baccalaureate Degree Nursing Program
- West Coast University, Orange County, Baccalaureate Degree Nursing Program
- College of San Mateo Associate Degree Nursing Program
- College of the Sequoias Associate Degree Nursing Program
- Grossmont College Associate Degree Nursing Program
- Imperial Valley College Associate Degree Nursing Program
- Los Angeles Trade-Tech College Associate Degree Nursing Program
- Yuba College Associate Degree Nursing Program
- Charles Drew University of Medicine and Science Entry Level Master's Degree Nursing Program

Acknowledge Receipt of Program Progress Report:

- California State University, Dominguez Hills, Entry Level Master's Degree (MEPN) Nursing Program
- California State University, Fullerton, Baccalaureate Degree Nursing Program and Entry Level Master's Degree Option Program
- California State University, Dominguez Hills, Nurse Practitioner Program
- San Joaquin Valley College Associate Degree Nursing Program

7.2 Education/Licensing Committee Recommendations

- A. Continue Approval of Prelicensure Nursing Program
 - California State University, Northridge, Accelerated Baccalaureate Degree Nursing Program
 - San Francisco State University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
 - American River College Associate Degree Nursing Program
 - Santa Ana College Associate Degree Nursing Program
- B. Defer Action to Continue Approval of Prelicensure Nursing Program
 - California State University, San Bernardino, Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert Campuses)
 - Merritt College Associate Degree Nursing Program
- C. Approve Major Curriculum Revision
 - San Francisco State University Baccalaureate Degree Nursing Program
 - Merced College Associate Degree Nursing Program

7.3 2011-2012 Regional Annual School Reports

7.4 Licensing Program Report

8.0 Report of the Legislative Committee

Erin Niemela, Chairperson

- 8.1 Adopt/Modify Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session

Assembly Bills

AB 154
AB 186
AB 213
AB 259
AB 291
AB 361
AB 512
AB 555
AB 697
AB 705
AB 790
AB 859
AB 1017
AB 1057

Senate Bills

SB 271
SB 352
SB 430
SB 440
SB 532
SB 718
SB 723
SB 809

9.0 Report of the Diversion/Discipline Committee

Cynthia Klein, RN, Chairperson

- 9.1 Complaint Intake and Investigations Update
- 9.2 Discipline and Probation Update
- 9.3 Enforcement Statistics
- 9.4 Diversion Program Update and Statistics
- 9.4.1 Diversion Evaluation Committee Member Transfer(s)
- 9.4.2 Diversion Evaluation Committee Member Resignation(s)

10.0 Report of the Nursing Practice Committee

Trande Phillips, RN, Chairperson

- 10.1 Approve / not approve advisory statements for RNs and APRNs
1. Elective Cosmetic Medical Procedures or Treatments: Med Spa
 2. Proposed Regulation: Physician Availability: Elective Cosmetic Procedures
- 10.2 Review and Discuss Practice Committee Goals and Objectives 2013-2014 to Provide for continuing information on nursing practice in California.

11.0 Public Comment for Items Not on the Agenda

12.0 Closed Session

Disciplinary Matters

The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on disciplinary matters including stipulations and proposed decisions.

Thursday, April 11, 2013 – 9:00 am

13.0 Call to Order – Board Vice President

Members: Raymond Mallel, President (absent)
Cynthia Klein, RN, Vice President
Erin Niemela
Michael D. Jackson, MSN, RN
Trande Phillips, RN
Jeanette Dong

Executive Officer: Louise Bailey, M.Ed., RN

14.0 Public Comment for Items Not on the Agenda

15.0 Disciplinary Matters

Reinstatements

Jovellea Hill
Laura Eaton
Leah Baker
Mark Braden
Mary Belin
Michael Tannern

Termination/Modification of Probation

Anthony McMillan Jr.
Judy Hester
Kesete Hintsa
Peggy Murphy

16.0 Closed Session

Disciplinary Matters

The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

NOTICE:

All times are approximate and subject to change. Items may be taken out of order to maintain a quorum, accommodate a speaker, or for convenience. The meeting may be canceled without notice. For verification of the meeting, call (916) 574-7600 or access the Board's Web Site at <http://www.rn.ca.gov>. Action may be taken on any item listed on this agenda, including information only items.

Public comments will be taken on agenda items at the time the item is heard. Total time allocated for public comment may be limited.

The meeting is accessible to the physically disabled. A person who needs a disability-related accommodation or modification in order to participate in the meeting may make a request by contacting the Administration Unit at (916) 574-7600 or email webmasterbrn@dca.ca.gov or send a written request to the Board of Registered Nursing Office at 1747 North Market Blvd., Suite 150, Sacramento, CA 95834. (Hearing impaired: California Relay Service: TDD phone # (800) 326-2297. Providing your request at least five (5) business days before the meeting will help to ensure the availability of the requested accommodation.

**STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF REGISTERED NURSING MINUTES**

DRAFT

DATE: February 6-7, 2013

LOCATION: Marriott Suites, Anaheim
12015 Harbor Blvd.
Garden Grove, CA 92840

PRESENT: Raymond Mallel, Board President
Cynthia Klein, RN, Vice President
Erin Niemela (arrived @ 9 :20am)
Michael D. Jackson, BSN, RN
Trande Phillips, RN
Jeanette Dong

ALSO PRESENT: Louise Bailey, M.Ed., RN, Executive Officer
Stacie Berumen, Assistant Executive Officer
Janette Wackerly, Supervising NEC
Miyo Minato, Supervising NEC
Katie Daugherty, NEC
Leslie Moody, NEC
Kay Weinkam, NEC
Don Chang, DCA Legal Counsel
Kim Ott, Appeals and Decisions Analyst
Ronnie Whitacker, Appeals and Decisions Analyst
Christina Sprigg, Administration and Licensing Deputy Chief
Rose Ramos, Administrative Assistant
Julie Campbell-Warnock, Research Program Specialist
Bobbi Pierce, Licensing Program Manager
Carol Stanford, Diversion Program Manager
Beth Scott, Discipline, Probation and Diversion Deputy Chief
Kathy Hodge, Complaint and Investigation Deputy Chief

Wednesday, February 6, 2013

1.0 Call to Order

Raymond Mallel, Board President, called the meeting to order at 9:15 am and had the Board Members introduce themselves.

2.0 Public Comment for Items Not on the Agenda

Public comment received by Genevieve Clavreul, RN, PhD

3.0 Review and Approve Minutes

➤ November 28-29, 2012 Meeting Minutes

The following amendment was made on the November 28-29, 2012 Meeting Minutes on Agenda Item 6.1 Legal Opinion Regarding Out of State Schools Partnership Model:

The Board of Registered Nursing (Board) requested a legal opinion on whether: (1) the arrangement between Sonoma State University (SSU) and Indiana State University (ISU) that allows ISU students to participate in clinical programs taken through SSU is permissible under the Nurse Practice Act, and (2) what is the Board's role in light of SSU's notice to ISU that it is discontinuing the MOU thus leaving ISU students without clinical placement in California?

It was concluded that the student exemption in Business & Professions Code Section 2729 did not apply to ISU students because (1) the clinical program that they were ostensibly taking from SSU was in fact administered by ISU and (2) the ISU students were not enrolled *in* SSU's board approved pre-licensure program, but were taking the clinical program *through* the pre-licensure program.

It was also concluded that the Board's jurisdiction over approved schools relates to the administration of those school's pre-licensure program. Since the students in question were not enrolled in the Board approved pre-licensure program, the Board has no legal responsibility to enforce the continuation of the Memorandum of Understanding (MOU) between SSU and ISU.

Student Exemption

BPC 2795 makes it a misdemeanor to practice nursing unless the person holds an active registered nursing license. BPC 2729 provides an exemption from this prohibition for nursing students in that "nursing services may be rendered by a student when those services are incidental to the course of study of a student enrolled in a board-approved pre-licensure program or school of nursing."

We examined whether the ISU students were enrolled in the nursing program that had been approved by the Board or were they merely taking classes through the approved nursing program?

A review of the MOU indicated that the clinical program is being administered by ISU not SSU. ISU is not a Board-approved school and students do not qualify for the student exemption. Alternatively, since the ISU students do not have the full rights of nursing students enrolled in SSU they cannot be said to be enrolled in a board-approved pre-licensure program. Thus the students were not enrolled in a board-approved pre-licensure program and could not qualify for the student exemption and are precluded from engaging in the practice of nursing in this state which prevents them from participating in clinical programs in this state.

Board's Legal Responsibility

The Board is responsible for ensuring that its approved schools comply with the law and it may take action to suspend or limit a school that has failed to comply with the law. Since the ISU students were not enrolled in a board-approved school, the Board has no legal responsibility to enforce or oversee the out-of-state school nor can it permit students enrolled in such a school to continue to impermissibly provide nursing services in this state.

Case law has established that an administrative agency is not bound by its prior statutory interpretation if it determines that prior interpretation was in fact erroneous. *State Bd of Education v. Honig*.

Although the Board initially approved the MOU in 2007, it has now been determined that such action was not consistent with the NPA. Accordingly, the Board is permitted to correct that erroneous decision.

MSC: Phillips/Jackson approve the amendments made to the November 28-29, 2012 Meeting Minutes on Agenda Item 6.1 Legal Opinion Regarding Out of State Schools Partnership Model.
5/1/0

4.0 Report on Board Members' Activities

No Board Member activities to report.

5.0 Board and Department Activities

Louise Bailey presented this report.

<p>Current Registered Nurse Licensee Population is: 399,379 Current Advance Practice Population is: 80,536</p>
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5.1 Budget Update

2012/2013 BRN Budget and Reserve

Governor's budget for FY 2013/2014 is \$29.6 million with 132 net personnel years (PYs) after salary savings. The BRN's fund condition shows a reserve of 3.4 months for current year 2012/2013.

Salary Savings

In FY 2012/2013 the BRN had salary savings of \$314,871 which equated to 8.4 positions. Budget Letter 12-03 dated March 3, 2012 eliminated this salary saving, therefore reducing the BRN's authorized PYs from 140.4 to 132.

Current Year AG Budget

Pursuant to the Budget Bill Language in item 110-402, and based on the FY 2012-13 expenditure projections (thru Dec. 2012), the BRN is requesting an augmentation of \$2.6 million, for the Attorney General line item.

The BRN's current year budget is going to be very tight and is being monitored to maintain the business of the Board and ensure only necessary expenditures are being made.

5.2 Department of Consumer Affairs (DCA) Updates

Breeze – Throughout January and February over 800 DCA Release 1 employees are attending BreEZe training. More than 100 classes are being held in five locations in the Sacramento area as well as in Contractor's State Licensing Board testing centers in Norwalk and San Bernardino. The BRN employees have had the opportunity to attend BreEZe training specific to the area in which they work. The training classes range from 4 to 12 hours per session. Most employees were required to take multiple classes to ensure they have sufficient training to do their jobs. The training environment has provided staff with the opportunity to see the system and we can begin to address our internal business process changes. It will also allow for employees to practice in the environment prior to Go Live. The BRN has 5 internal employees who are part of the DCA BreEZe training team. It was important to have staff from the BRN participate as trainers because these employees have a broad understanding of how the BreEZe system operates and will be able to provide continued training and guidance to all BRN staff.

User Acceptance Testing (UAT) is not completed, but progress is being made. We will not Go Live until we have successfully completed UAT and the vendor has provided a product that is stable and fully functional.

5.3 BRN Report Newsletter

The 2012 winter edition of the BRN Report Newsletter was posted to the BRN website on January 17, 2013. It includes BRN updates, information about recent legislative changes, overviews of BRN activities, NCLEX and Nursys updates and much more. The 2012 BRN Report can be found under the Forms/Publications tab or there is a link on the "What's New" section, both are on the homepage.

5.4 Education Survey

On January 4, 2013, a survey with questions related to post-licensure educational pursuits was sent to a random sample of 2,500 RNs. The survey is collecting information from currently licensed RNs to see if they intend to pursue post-licensure education and any assistance or barriers they have encountered. The survey was sent on our behalf by our contractor, University of California, San Francisco.

5.5 Automated License Verification Phone Line

In the BRN report we included information regarding the BRN's 24-Hour Automated Voice Verification phone system's suspension. The DCA is working with the BRN to re-route the verification line so that we do not experience an outage. The current Automated Voice Verification system will remain in place until the implementation of the re-routed line, which is anticipated to be in place when the BRN goes live with BreEZe.

5.6 Public Record Requests

The BRN continues to comply with public record requests and responds within the required timeframes that are set in Government Code Section 6250. For the period of November 19, 2012 through January 31, 2013, the BRN received and processed 10 public record requests.

5.7 Personnel

The following personnel changes have transpired since the last Board Meeting:

NEW HIRES		
Name	Classification	Board Program
Laura Shainian	Nursing Education Consultant	Administration
Kimberly Poston	Office Technician	Diversion
Kimberly Kesterson	Special Investigator (Fresno)	Investigations
Carolyn Springer	Special Investigator (LA)	Investigations
Randi Rhodey	Special Investigator (San Diego)	Investigations
PROMOTION		
Name	Classification	Board Program
Alcidia Valim	Staff Services Manager I	Administration

NEW ASSIGNMENTS		
Name	Classification	Board Program
Christyl Cobb	Office Technician	Discipline

SEPARATIONS		
Name	Classification	Board Program
Melissa Raposa	Office Technician	Discipline

No public comment.

6.0 Report of the Administrative Committee

Raymond Mallel, Board President, Public Member, Chairperson

6.1 Board of Registered Nursing 2013 Regulatory Calendar

Louise Bailey, Executive Officer presented this report.

Government Code Section 11017.6 requires every state agency responsible for implementing a statute that requires interpretation pursuant to the Administrative Procedure Act to prepare, by January 30, a rulemaking calendar for that year. The rulemaking calendar must be approved by the Board and submitted to the Office of Administrative Law (OAL) in a specified format. The rulemaking calendar will be published in the California Regulatory

Notice Register (Notice Register). Information submitted after February 15, 2013, may not appear in the 2013 Notice Register or be posted on the OAL website. The following subjects are recommended for inclusion on the BRN 2013 Rulemaking Calendar.

Expedited Review for Active Military – Adopt regulations to implement Business and Professions (B&P) Code Section 115.5, which became effective January 1, 2013. The statute requires boards in the Department of Consumer Affairs (DCA) to expedite the licensure process for an applicant who: 1) supplies satisfactory evidence to the Board that the applicant is married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Armed Forces who is assigned to a duty station in this state, and 2) holds a current registered nurse license in another state, district, or U.S. territory.

Clinical Nurse Specialist – Adopt regulations to implement B&P Code Sections 2838, 2838.1, 2838.2 pertaining to clinical nurse specialist (CNS) qualifications, credentials, and educational standards. The Board has been issuing CNS certificates to qualified applicants since 1998, when Article 9, Clinical Nurse Specialist, of the Nursing Practice Act became effective. The regulations will codify existing standards and Board policies.

Enforcement –The Department of Consumer Affairs recommended that all Boards adopt the DCA Consumer Protection Enforcement Initiative (CPEI). The goal of CPEI is to enhance the disciplinary process and reduce the timeframe for completion of cases to 12 – 18 months. The Board promulgated a regulatory proposal in January 2011 to:

- 1) Amend California Code of Regulations (CCR) Section 1403 to delegate to the Executive Officer authority to approve settlement agreements for revocation, surrender, or interim suspension of a license.
- 2) Amend CCR Section 1410 to compel an applicant to undergo an evaluation and/or examination if it appears the applicant may be unable to practice nursing safely due to mental and/or physical illness.
- 3) Adopt regulation specifying revocation as the disciplinary action to be taken against an applicant or registered nurse who is a registered sex offender.
- 4) Amend the Disciplinary Guidelines (CCR Section 1444.5) to require the administrative law judge's proposed decision to be license revocation if there is a finding of fact that the licensee had "sexual contact" with a patient or had been convicted of a sex offense.

Because there was no BRN Board for a period of time in the beginning of 2012, the final rulemaking file was not submitted to the OAL within the required one-year time frame, so the Board must re-notice the proposed changes.

Uniform Standards Related to Substance Abuse – In September 2008, SB 1441 (Ridley-Thomas) was signed into law and required DCA to establish a Substance Abuse Coordination Committee to develop consistent and uniform standards and best practices in sixteen specific areas for use in dealing with substance abusing licensees in board discipline and diversion programs. (The Board's Diversion Program was exempted from the requirement.) In March 2011, the Board promulgated a regulatory proposal to amend its Disciplinary Guidelines to include uniform standards related to substance abuse reflecting

changes in the current law and the current probationary environment. The proposal also clarified language and made technical changes in the existing Guidelines. As with the Enforcement regulatory proposal, this proposal was not submitted to the OAL within the one-year time frame, so the Board must re-notice the proposed changes.

The above subject areas are proposed for inclusion on the BRN 2013 Regulatory Calendar; the Board is not prohibited from taking regulatory action on subjects not included on the Calendar.

Note: Please see Agenda Item 9.8 regarding additional rulemaking calendar item.

No public comment.

MSC: Klein/Phillips to approve the submission of the proposed Board of Registered Nursing 2013 Regulatory Calendar to the Office of Administrative Law on or before February 15, 2013. 6/0/0

6.2 Reinstitution of the review process for Feasibility Studies.

On June 15, 2011, the Board of Registered Nursing announced that it was temporarily deferring the process of accepting and reviewing Feasibility Studies for proposed prelicensure Registered Nursing programs. This action was taken because of the high number of statewide RN programs requiring monitoring, a statewide hiring freeze and a severe shortage of Nursing Education Consultants.

The Board continued to receive Letters of Intent for new program proposals and inquiries about feasibility study submissions since June 2011. The Board staff is preparing a letter to notify interested parties of the Board's decision to resume activities for review of feasibility studies, including plans for prioritizing the review of the feasibility studies that the Board had received prior to June 2011.

No public comment and no motion required.

6.3 Summary of Findings of the 2012 Survey Report of California Active RNs.

The 2012 RN study is the eighth in a series of surveys designed to collect and evaluate nursing workforce data and identify trends that may assist policy makers and the public in addressing the nursing shortage and workplace issues. Since 2004, studies have been completed on a biennial schedule. Prior studies were conducted in 1990, 1993, 1997, 2004, 2006, 2008, and 2010. Findings from the 2010 and 2012 survey provide some indication of how the RN supply responded during the economic recession. Data for the 2012 study was collected in late spring to early summer of 2012.

The 2012 survey was conducted for the Board of Registered Nursing by the University of California, San Francisco (UCSF), Institute for Health Policy Studies. Joanne Spetz, Ph.D., UCSF, served as the principal investigator for the study. Data analysis was performed by UCSF.

Dr. Joanne Spetz from UCSF presented a summary of the 2012 survey findings to the Board.

Public comment received by:

Pilar De La Cruz-Reyes, MSN, RN Dean, School of Nursing, USU

Genevieve Clavreul, RN, PhD

Kary Weybrew, Regional Nursing Education Specialist, Concorde Career College

7.0 Report of the Legislative Committee

Erin Niemela, Public Member, Chairperson

7.1 2013-2014 Goals and Objectives for the Two-Year Legislative Session

Kay Weinkam, Supervising NEC presented this report.

The 2013-2014 Goals and Objectives of the Legislative Committee were submitted to the Board Members for review and approval.

LEGISLATIVE COMMITTEE

2013-2014 Goals and Objectives

GOAL 1:	Keep the Board of Registered Nursing informed about pertinent legislation that may affect nursing practice, education, nurses' roles in the delivery of health care, and administrative functions of the Board.
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OBJECTIVE: 1.1	Analyze legislative proposals and make position recommendations to the Board at each Board meeting.
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GOAL 2:	Monitor current legislation on behalf of the Board.
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OBJECTIVE: 2.1	Advocate for or against legislation as directed by the Board.
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OBJECTIVE: 2.2	Review and suggest appropriate amendments as necessary.
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<u>OBJECTIVE: 2.3</u>	<u>Provide testimony to the Legislature, on behalf of the Board, as requested.</u>
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GOAL 3:	Serve as a resource to other Board committees on legislative and regulatory matters.
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OBJECTIVE: 3.1	Assist other Board committees in reviewing legislative and regulatory proposals.
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- GOAL 4:** Enhance the Board's process to proactively identify legislation that potentially impacts nursing and the Board.
- OBJECTIVE: 4.1** Evaluate resources, e.g. Internet, new legislative publications, etc., as sources of pertinent legislative information.
- OBJECTIVE: 4.2** Maintain consistent dialogue with DCA's Legislative Unit, legislators, and their staff.
- OBJECTIVE: 4.3** ~~Provide testimony to the Legislature, on behalf of the Board, as Requested.~~
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No public comment.

MSC: Klein/Phillips to approve the amended version of the Goals & Objectives. 6/0/0

7.2 Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

Assembly Bill

AB 154 (Atkins) Healing arts: reproductive health care.
Introduced January 22, 2013

Board Member Erin Niemela recommended that the Board take a Watch position on AB 154.

No public comment.

MSC: Dong/Jackson to approve a Watch position on AB 154. 6/0/0

8.0 Report of the Diversion/Discipline Committee
Cynthia Klein, RN, Direct Patient Care Member, Chairperson

8.1 Complaint Intake and Investigations Update
Kathy Hodge, Complaint Intake/Investigation Deputy Chief presented this report.

PROGRAM UPDATES
COMPLAINT INTAKE:

Staff

We are currently recruiting to replace one of our OTs who transferred to the Discipline Unit. We have had difficulty filling our two NEC positions but plan to re-advertise the positions in the near future.

Program

We have cleared the backlog of older conviction complaints and have very few pending prior to September 2012. Those pending are due to court continuances.

Applicants for Licensure – Following the second letter given to nursing program directors in October 2012, we have now seen a reduction in follow-up letters of 45-50%. We will continue to work with the schools to urge applicants to include arrest records and full court dockets with their applications. Applications with complete documentation are reviewed and returned to Licensing within one week.

We continue to tighten up and streamline internal procedures with the goal of having desk manuals for each job classification.

The Enforcement division has completed BreEZe training and we anticipate a go live date of February 19, 2013. With implementation of a new computer application, we expect productivity to decline somewhat as system bugs need to be worked out and approximately 75-85% of procedures are changed to accommodate the new system.

Due to the increasing numbers of fraudulent transcripts being submitted with licensing applications, the BRN is working closely with other governmental agencies to assist us in completing our investigations.

Nursys – Alerts for out of state discipline are received daily through Nursys.

The Complaint Intake Manager and Kathy Hodge trained the new board member, Jeanette Dong, on the Complaint Intake unit and complaint processing.

Statistics

For fiscal year 2012/13, as of December 31, 2012, we received 3,975 complaints. Projected out, it is estimated we will receive approximately 7,950 complaints by the end of this fiscal year. The average time to close a complaint **not referred to discipline** went from 164 days in July 2012 to 127 days.

INVESTIGATIONS:

Staff

Northern – We hired one Special Investigator for the Fresno/Bakersfield region who started on January 22, 2013.

Southern – We hired one Special Investigator for North LA and one for San Diego. Both started on January 22, 2013. There will be another Special Investigator position opening in the near future for LA/Orange County.

Due to the number of So Cal cases and the difficulty in recruiting qualified Special Investigator candidates, we were approved to keep our retired annuitant until the end of the fiscal year.

Program

Supervisors continue to work with their investigators on case plans, interview techniques, data gathering, subpoenas, and report writing templates to streamline the investigative process. The

investigative management team continues to work on standardizing policies, procedures, and forms.

We continue to utilize the resources and expertise of DOI for cases that meet their investigation criteria, as well as those that are prioritized as high or urgent. Due to the lack of fully trained resources in the So Cal division, the remaining 2010 and 2011 cases were recently referred back to DOI.

The Northern area Supervising Special Investigator and Kathy Hodge met with James Ackley, DOI Central Division Supervisor, on December 5, 2012 to make introductions and update one another on the status and concerns of the respective organizations. Both of our organizations are having difficulty obtaining documents from Kaiser Permanente without issuing a subpoena, particularly in the North. The AG's office is working with Kaiser Legal to define a process in which we will not incur lengthy delays of as much as four months. DOI remains very supportive of our investigation efforts and has offered to accommodate our investigators with interview rooms at the DOI offices throughout the state.

We are working with DOI to determine procedurally the best way to handle drug testing, should it be required during our investigations. We will be looking into contracting with a testing lab. In preparation for future drug detection and testing, So Cal staff and management attend Advanced Roadside Impaired Driving Enforcement (ARIDE) training which was provided free through the California Highway Patrol on January 29-30, 2013 in Chino, CA. No Cal staff and management are scheduled to attend the same class on March 7 in Folsom, CA.

On January 17, 2013, Investigations management and Stacie Berumen met with the Supervising Special Investigator from the California Board of Vocational Nursing and Psychiatric Technicians (BVNPT) to exchange ideas since we are both relatively new units. It was highly informative and we look forward to working with them in the future to assist each other in refining our practices.

Eight special investigators and Northern management staff attended a training provided by DOI on Interviewing Techniques held on November 29, 2012.

The Northern Supervising Special Investigator and Kathy Hodge trained the new board member, Jeanette Dong, on the investigation unit and issues we are facing.

Statistics

We plan to present BRN investigations statistics at the March DDC meeting to give a better idea of how the unit is performing as follows:

BRN Investigation Unit	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013
Total cases assigned					
Total cases unassigned (pending)					
Average days to case completion					
Average cost per case					
Cases closed					

As of December 31, 2012, there were 673 pending DOI investigations; there were 234 assigned and 204 unassigned (pending) BRN investigations. These numbers do not reflect the 32 cases closed out and referred to DOI in January.

Please review the enforcement statistics reports in 8.3 for additional breakdown of information for both units.

NOTE: Coding clean up in our tracking systems was completed in January. In reference to the attached enforcement statistics, it should be noted that investigation timeframes for BRN investigations reflects nearly two years' time when cases were being held while the new unit was being formed and staffed. Although the unit was established in July of 2011, all current special investigators, with the exception of one, and the management staff were not hired until well after January 2012. Due to the prolonged training requirements, loss of staff and case reassignments, productivity did not reach a desirable level until approximately October of 2012. We should start seeing these numbers drop in the near future.

No public comment and no motion required.

8.2 Discipline and Probation Update

Beth Scott, Enforcement Division Deputy Chief presented this report.

PROGRAM UPDATE

Staff

The Probation Unit is fully staffed with six monitors and one Office Technician (OT).

The Discipline Unit has recently filled the vacant OT position, with a lateral transfer from the Complaint Intake unit, due to begin February 4, 2013.

The Discipline and Probation Program loses 160 hours per month of staff time due to state mandated furloughs.

Program – Discipline

Discipline will continue to audit charges from the AGs offices to determine if the BRN is being charged appropriately. Our BRN research analyst also reviews AG charges seeking out anomalies for review. The Governor signed legislation which limits billing disputes with the AG's office to 45 days after a bill has been submitted for payment by an agency.

The total amount of open discipline cases are 1,843 with an average case load per analyst at 372. There are approximately 1,822 cases at the AG's office.

The Legal Support Analyst continues to prepare default decisions for the Sacramento, Oakland, and San Francisco AG Offices. We will continue to work with the AG to expand this process to include the San Diego and Los Angeles offices.

Two Discipline Analysts continue to work with the BreEZe project to train all DCA Boards and Bureaus to use the new system. Training started on December 3, 2012 and runs through February 2013.

Our Legal Support Analyst and other staff have been busy processing the back log of Decisions. *As of January 24, 2013:*

Decisions Adopted by Board	736
Pending Processing by legal support staff	55

Staff continues to increase its usage of citation and fine as a constructive method to inform licensees and applicants of violations which do not rise to the level of formal disciplinary action. The BRN continues to issue citations for address change violations pursuant to the California Code of Regulations §1409.1. To date we have ordered \$25,900 for failure to update address change citations.

We continue to evaluate the records for RNs that have a social security number that is issued to more than one RN in violation of Business and Professions Code §30. To date we have ordered \$15,000 in fines for failure to provide valid social security number citations.

We have issued more citations and received more payments than any time in BRN history.

Citation information reflects the work for Fiscal Year 2013, July 1, 2012 through January 23, 2013.

Number of citations issued	439
Total fines ordered	\$151,475.00
Fines paid	\$129,119.00
Citations pending issuance	300+

The Discipline Unit continues to work on the NURSIS discipline data comparison project (SCRUB). The status of the documents reviewed:

Referred to the Attorney General	669
Pleadings Received	527
Default Decisions Effective	212
Stipulated Decisions Effective	162
Referred to Cite and Fine	64
Closed Without Action (Action taken by CA (prior to 2000) but not reported to Nursys or information approved at time of licensure)	917

Program – Probation

Staff attended the Nurse Facilitator Meeting held by Maximus in Emeryville on December 4, 2012. The Facilitator's were receptive to the probation monitors and the information provided. Positive feedback was received from the facilitators that they have a better understanding of the probation program.

Staff met with a representative from FirstLab for training on the new format available from the system for chemical dependency drug screening. The unit also attended a free Webinar provided by FirstLab on the "Ethanol Biomarkers" on December 13, 2012, for assistance with analyzing positive drug screens. The AG's office was invited to the webinar to assist with the processing of our pleadings.

The Probation Manager and Deputy Chief met with the Chief Executive Officer from FirstLab to discuss the availability of mobile drug screening services for probationers that reside in remote areas. This service would provide probationers easier access for drug screening. Increasing the availability of Medical Review Officers to provide expert testimony was discussed; providing West coast experts will decrease the cost of these services for our enforcement cases.

AG COSTS:

As of December 31, 2012, the BRN has expended \$1,269,715 at the AG's office on the NURSYS SCRUB cases.

Statistics - Discipline

Please review additional statistical information which can be found under item 8.3.

Statistics – Probation

Below are the statistics for the Probation program from July 1, 2012 to January 24, 2013

Probation Data	Numbers	% of Total
Male	177	24%
Female	540	76%
Chemical Dependency	370	51%
Practice Case	207	29%
Mental Health	1	<1%
Conviction	139	20%
Advanced Certificates	69	8%
Southern California	363	51%
Northern California	354	49%
Pending at the AG	74	10%
License Revoked	17	<1%
License Surrendered	45	<1%
Terminated	5	
Completed	26	<1%
Total Rev/Surr/Ter/Completed	93	
Total in-state probationers	717	
Tolled Probationers	214	

No public comment and no motion required.

8.3 Enforcement Statistics

The following charts are the statistics for the Enforcement Division.

CALIFORNIA BOARD OF REGISTERED NURSING ENFORCEMENT STATISTICS

December 31, 2012

STATISTICAL DESCRIPTION	2008-09	2009-10	2010-11	2011-12	2012-13	Projected FY 2012-13
Complaints Received	5,794	7,483	7,977	7,844	3,975	7,950
Consumer Complaints	3,323	2,190	3,063	2,735	1,413	2,826
Convictions/Arrests	2,471	5,293	4,914	5,109	2,562	5,124
Referred to Diversion Program	400	604	368	1,053	368	736
Division of Investigation (Sworn)-Assigned	582	484	835	693	272	544
Division of Investigation Closed	748	1,015	716	648	423	846
Division of Investigation Pending	1,170	641	789	851	673	
BRN Investigations (Non Sworn)-Assigned		58	33	298	131	262
BRN Investigations Closed		14	53	27	73	146
BRN Investigations Pending		40	25	280	522	
BRN Desk Investigations Assigned	5,650	7,865	7,409	7,204	3,660	7,320
BRN Desk Investigations Closed	3,519	7,116	6,668	5,925	4,380	8,760
BRN Desk Investigations Pending	1,677	1,887	2,137	3,029	2,414	
Criminal Actions Filed	22	21	16	9	1	2
Total Cite and Fine Citations Issued	115	181	105	412	417	834
Referred to Attorney General	515	766	1,190	944	984	1,968
Cases Pending at Attorney General	692	838	1,198	1,448	1,802	
Petitions to Revoke Probation Filed	59	91	61	55	32	64
Accusations Filed	359	696	913	589	467	934
Statements of Issues Filed	14	13	52	132	76	152
Total Pleadings	432	800	1,026	776	575	1,150
Orders to Compel Examination (Sec. 820)	4	4	10	12	7	14
Interim Suspension Order	2	8	1	0	1	2
PC23	8	6	7	8	7	14
Applicant Disciplinary Actions:						
(a) License Denied	15	27	55	72	35	70
(b) License Issued on Probation	4	9	14	43	45	90
Total, Applicant Discipline	19	36	69	115	80	160
Licensee Disciplinary Actions:						
(a) Revocation	131	243	273	227	143	286
(b) Probation	139	176	267	225	158	316
(c) Suspension/Probation	6	1	6	3	1	2
(d) License Surrendered	79	92	155	128	115	230
(e) Public Reprimand/Reproval	8	12	37	79	33	66
(f) Decisions Other	5	2	5	3	2	4
Total, Licensee Discipline	368	526	743	665	452	904
Process Used for Discipline (licensees)						
(a) Administrative Hearing	56	58	102	121	64	128
(b) Default Decision	105	206	217	183	114	228
(c) Stipulation	207	262	424	361	274	548
Total	368	526	743	665	452	904

*Fiscal Year to Date

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BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
FOR ALL IDENTIFIERS
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COMPLAINT INTAKE

COMPLAINTS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
RECEIVED	158	401	308	204	150	192	1413
CLOSED W/O INV ASSIGNMENT	32	44	26	48	53	31	234
ASSIGNED FOR INVESTIGATION	101	349	298	185	154	112	1199
AVG DAYS TO CLOSE OR ASSIGN	22	6	10	49	23	10	18
PENDING	154	162	146	117	60	109	109
CONVICTIONS/ARREST REPORTS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
RECEIVED	510	406	360	400	381	505	2562
CLSD/ASSGND FOR INVESTIGATION	497	338	401	399	424	475	2534
AVG DAYS TO CLOSE OR ASSIGN	4	8	9	14	10	6	8
PENDING	78	146	105	106	63	93	93
TOTAL INTAKE	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
RECEIVED	668	807	668	604	531	697	3975
CLOSED W/O INV ASSIGNMENT	50	49	33	66	64	42	304
ASSIGNED FOR INVESTIGATION	580	682	692	566	567	576	3663
AVG DAYS TO CLOSE OR ASSIGN	8	7	10	27	15	7	12
PENDING	232	308	251	223	123	202	202

BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
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INVESTIGATIONS

DESK INVESTIGATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
ASSIGNMENTS	581	679	693	565	566	576	3660
CLOSED	644	692	688	873	783	700	4380
AVERAGE DAYS TO CLOSE	160	139	146	135	118	126	136
PENDING	3414	3325	3275	2867	2590	2414	2414
FIELD INVESTIGATIONS:NON-SWORN	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
ASSIGNMENTS	8	23	30	44	15	11	131
CLOSED	14	2	12	10	19	16	73
AVERAGE DAYS TO CLOSE	988	766	694	726	634	710	745
PENDING	460	480	498	531	527	522	522
FIELD INVESTIGATIONS:SWORN	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
ASSIGNMENTS	46	53	23	63	47	40	272
CLOSED	78	66	73	71	67	68	423
AVERAGE DAYS TO CLOSE	642	590	576	644	707	569	621
PENDING	792	784	734	721	701	673	673
ALL INVESTIGATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
FIRST ASSIGNMENTS	581	682	693	566	567	576	3665
CLOSED	736	760	773	954	869	784	4876
AVERAGE DAYS TO CLOSE	227	180	195	179	175	176	188
PENDING	4666	4589	4507	4119	3818	3609	3609
ALL INVESTIGATIONS AGING	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
UP TO 90 DAYS	404	422	421	515	487	443	2692
91 TO 180 DAYS	59	91	106	154	145	94	649
181 DAYS TO 1 YEAR	98	106	71	131	89	94	589
1 TO 2 YEARS	122	96	127	104	113	115	677
2 TO 3 YEARS	37	42	40	32	25	29	205
OVER 3 YEARS	16	3	8	17	10	9	63
CLOSED W/O DISCIPLINE REFERRAL	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
CLOSED	534	571	565	713	653	589	3625
AVERAGE DAYS TO CLOSE	164	138	135	136	130	127	138

BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
FOR ALL IDENTIFIERS
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ENFORCEMENT ACTIONS

AG CASES	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
AG CASES INITIATED	145	146	164	194	178	157	984
AG CASES PENDING	1511	1475	1545	1663	1753	1838	1838
SOIs/ACCUSATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
SOIs FILED	13	13	7	18	10	15	76
ACCUSATIONS FILED	71	48	75	107	80	86	467
SOI DECISIONS/STIPS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
PROP/DEFLT DECISIONS	8	9	4	1	3	3	28
STIPULATIONS	0	14	7	10	7	2	40
ACC DECISIONS/STIPS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
PROP/DEFLT DECISIONS	35	74	14	18	15	22	178
STIPULATIONS	47	56	57	26	48	40	274
SOI DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
SOI FINAL ORDERS (DEC/STIPS)	8	23	11	11	10	5	68
AVERAGE DAYS TO COMPLETE	611	539	549	513	593	545	553
ACC DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
ACC FINAL ORDERS (DEC/STIPS)	82	130	71	44	63	62	452
AVERAGE DAYS TO COMPLETE	757	728	864	829	826	725	778
TOTAL DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
TOTAL FINAL ORDERS (DEC/STIPS)	90	153	82	55	73	67	520
TOTAL AVERAGE DAYS TO COMPLETE	744	700	822	766	794	711	748
TOTAL ORDERS AGING	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
UP TO 90 DAYS	0	0	0	0	0	0	0
91 TO 180 DAYS	0	0	0	0	0	0	0
181 DAYS TO 1 YEAR	5	12	3	7	8	3	38
1 TO 2 YEARS	50	90	35	21	29	39	264
2 TO 3 YEARS	24	30	30	15	21	20	140
OVER 3 YEARS	11	21	14	12	15	5	78
SOIs WDRWN DSMSSD DCLND	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
SOIs WITHDRAWN	0	2	1	3	0	1	7
SOIs DISMISSED	0	0	0	0	0	0	0
SOIs DECLINED	0	0	0	0	0	0	0
AVERAGE DAYS TO COMPLETE	0	222	333	474	0	679	411
ACCUSATIONS WDRWN DSMSSD DCLND	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
ACCUSATIONS WITHDRAWN	0	2	1	2	0	0	5
ACCUSATIONS DISMISSED	0	0	0	1	0	0	1
ACCUSATIONS DECLINED	1	1	5	7	4	3	21
AVERAGE DAYS TO COMPLETE	901	1014	563	432	550	648	585

NO DISCIPLINARY ACTION	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
CLOSED W/O DISCIPLINARY ACTION	1	1	0	5	7	0	14
AVERAGE DAYS TO COMPLETE	51	662	0	402	355	0	372
CITATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
FINAL CITATIONS	37	77	95	115	75	18	417
AVERAGE DAYS TO COMPLETE	571	258	167	152	177	652	238
OTHER LEGAL ACTIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
INTERIM SUSP ORDERS ISSUED	0	0	0	2	0	0	2
PC 23 ORDERS ISSUED	1	3	0	1	1	1	7

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PERFORMANCE MEASURES

	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	YTD
PM1: COMPLAINTS VOLUME	158	401	308	204	150	192	1413
PM1: CONV/ARREST RPTS VOLUME	510	406	360	400	381	505	2562
PM2: CYCLE TIME-INTAKE	8	7	10	27	15	7	12
PM3: CYCLE TIME-NO DISCIPLINE	164	138	135	136	130	127	138
PM4: CYCLE TIME-DISCIPLINE	736	700	822	736	756	711	739

PM1: COMPLAINTS VOLUME - PM1: CONV/ARREST RPTS VOLUME
Number of Complaints and Convictions/Arrest Orders Received within the specified time period.

PM2: CYCLE TIME-INTAKE
Average Number of Days to complete Complaint Intake during the specified time period.

PM3: CYCLE TIME-NO DISCIPLINE
Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: CYCLE TIME-DISCIPLINE
Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.

Public comment received by Genevieve Clavreul, RN, PhD

No motion required.

8.4 Diversion Program Update and Statistics

Carol Stanford , Diversion Program Manager presented this report.

Program Update

The Diversion Program Manager and staff conducted interviews to fill the vacant Office Technician Position. There is a growing backlog of complaints as a result of lack of staff and furlough hours. Staff diligently works to process the numerous complaints received in addition to maintaining other responsibilities.

On December 4, 2012, a Nurse Support Group (NSG) Facilitator Conference was held in Emeryville, California to educate new and existing NSG facilitators about the Board of Registered Nursing's (BRN) requirements and expectations as it relates to their groups. There were 37 in attendance including 27 NSG facilitators. Mihran Ask, MD, an addictionologist, presented the latest information regarding pain management and drug addiction. The facilitators surveyed indicated the information was necessary, well received and very appreciative of the BRN and contractor for the conference.

A Diversion Evaluation Committee (DEC) member orientation was held on December 5, 2012, in Emeryville, California. This was the largest DEC member orientation held by the BRN with 9 new DEC members in attendance. The DEC members were educated on their responsibilities and instructed as to the BRN requirements and obligations to RNs in need of direction and support in recovery. Emphasis was placed on the protection of the public and the responsibility of the DEC members. Mihran Ask, MD presented extensive training on pain management and drug addiction.

Completed surveys show DEC members have over 500 years of substance abuse disorder and/or mental health experience. These healthcare professionals and staff are commended and acknowledged for their continued dedication in the field of addiction and mental health.

Contractor Update

Maximus and the BRN have been working with DCA legal throughout the year regarding the DCA contract and necessary updates to drug testing protocols and up to date technology. Virginia Matthews, Program Director, will present Maximus' 2012 year-end summary.

Diversion Evaluation Committees (DEC)

There is currently one physician vacancy at this time. Recruitment efforts continue.

Statistics

The Statistical Summary Report for October and November, 2012 is attached. As of November 30, 2012, there were 1,730 successful completions.

**BOARD OF REGISTERED NURSING
DIVERSION PROGRAM
STATISTICAL SUMMARY
October 1, 2012 - November 30, 2012**

	CURRENT MONTHS	YEAR TO DATE (FY)	PROGRAM TO DATE
INTAKES COMPLETED	39	85	4,539
INTAKE INFORMATION			
Female	33	71	3,556
Male	6	14	956
Unknown	0	0	27
Average Age	40-54		
Most Common Worksite	Hospital		
Most Common Specialty	ER/Med-Surg		
Most Common Substance Abused	Alcohol/Norco		
PRESENTING PROBLEM AT INTAKE			
Substance Abuse (only)	20	38	2,914
Mental Illness (only)	1	2	149
Dual Diagnosis	18	41	1,425
Undetermined	0	4	51
REFERRAL TYPE*			
Board	22	62	3,265
Self	17	23	1,274
*May change after Intake			
ETHNICITY (IF KNOWN) AT INTAKE			
American Indian/Alaska Native	0	1	32
Asian/Asian Indian	1	4	96
African American	0	1	140
Hispanic	4	8	178
Native American/Pacific Islander	0	0	19
Caucasian	33	70	3,744
Other	1	1	64
Not Reported	0	0	266
CLOSURES			
Successful Completion	25	61	1,730
Failure to Derive Benefit	1	1	116
Failure to Comply	2	5	943
Moved to Another State	0	0	51
Not Accepted by DEC	0	0	47
Voluntary Withdrawal Post-DEC	1	3	306
Voluntary Withdrawal Pre-DEC	1	6	449
Closed Public Risk	3	4	250
No Longer Eligible	1	3	13
Clinically Inappropriate	1	4	16
Client Expired	0	0	38
Sent to Board Pre-DEC	0	0	1
TOTAL CLOSURES	35	87	3,960
NUMBER OF PARTICIPANTS: 452 (as of November 30, 2012)			

No public comment and no motion required.

8.4.1 Diversion Evaluation Committee Member Transfer(s)

In accordance with B&P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician, and a public member with expertise in chemical dependency and/or mental health.

TRANSFER

Below is the name of the DEC member who would like to transfer from his appointed DEC to another DEC for personal reasons.

<u>NAME</u>	<u>TITLE</u>	<u>DEC</u>	<u>NO</u>
Scott Reiter, MD	Physician	Ontario	9

8.4.2 Diversion Evaluation Committee Member Resignation(s)

In accordance with B&P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician, and a public member with expertise in chemical dependency and/or mental health.

RESIGNATION

Diversion Evaluation Committee Member Resignation for personal reasons.

<u>NAME</u>	<u>TITLE</u>	<u>DEC</u>	<u>NO</u>
David Silverman, PhD.	Public	San Jose	7

No public comment and no motion required.

9.0 Report of the Education/Licensing Committee

Michael Jackson, BSN, RN, Nurse Educator Member, Chairperson

9.1 Ratify Minor Curriculum Revision

Leslie Moody presented this report.

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs

- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- California State University Long Beach Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
- San Francisco State University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
- The Valley Foundation School of Nursing at San Jose State University Baccalaureate Degree Nursing Program
- University of California, Irvine, Baccalaureate Degree Nursing Program
- University of San Francisco School of Nursing and Health Professions Entry Level Master's Degree Nursing Program
- Western Governors University Baccalaureate Degree Nursing Program
- College of the Sequoias Associate Degree Nursing Program
- Long Beach City College Associate Degree Nursing Program
- Santa Barbara City College Associate Degree Nursing Program
- Sierra College Associate Degree Nursing Program
- Ventura College Associate Degree Nursing Program
- University of California, Davis, Family Nurse Practitioner Program (MSN and Post Master's Certificate Programs)

Acknowledge Receipt of Program Progress Report:

- Dominican University of California Baccalaureate Degree Nursing Program
- Samuel Merritt University Baccalaureate Degree Nursing Program
- Western Governors University Baccalaureate Degree Nursing Program
- ITT Technical Institute Breckinridge School of Nursing Associate Degree Nursing Program (Rancho Cordova)
- Shepherd University Associate Degree Nursing Program

No public comment.

MSC: Jackson/Niemela to ratify minor curriculum revisions and acknowledge receipt of program progress reports. 6/0/0

9.2 Education/Licensing Committee Recommendations

Leslie Moody presented this report.

The Education/Licensing Committee met on January 9, 2013 and made the following recommendations:

A. Continue Approval of Prelicensure Nursing Program

- California Baptist University Baccalaureate Degree and Entry Level Master's Degree Option Nursing Programs
- California State University, Channel Islands, Baccalaureate Degree Nursing Program

- California State University, Long Beach, Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
- California State University, Los Angeles, Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
- California State University, San Marcos, Baccalaureate Degree Nursing Program
- Allan Hancock College Associate Degree Nursing Program
- College of the Sequoias Associate Degree Nursing Program
- Moorpark College Associate Degree Nursing Program
- Ohlone College Associate Degree Nursing Program

B. Defer Action to Continue Approval of Prelicensure Nursing Program

- American University of Health Sciences Baccalaureate Degree Nursing Program
- Los Angeles Southwest College Associate Degree Nursing Program

C. Continue Approval of Advanced Practice Nursing Program

- Azusa Pacific University Nurse Practitioner Program (Azusa, San Diego and San Bernardino Campuses)
- California State University, Long Beach, Nurse Practitioner Program
- California State University, Los Angeles, Nurse Practitioner Program

No public comment.

MSC: Jackson/Mallel to continue approval of Prelicensure Nursing Program and continue approval of Advanced Practice Nursing Program. 6/0/0

9.3 United States University Entry Level Master's Degree Nursing Program Progress Report

Leslie Moody, NEC presented this report.

Pilar De La Cruz-Reyes, MSN, RN, has been the program director since August 2011, and Elisabeth Hamel, EdD, MSN, RN, is the assistant program director. The program director has advised that she plans to retire but will remain until a new director is hired and then will continue to provide consultant services. United States University (USU) has a candidate search underway and reports contact with several potentially qualified candidates. On July 30, 2012 the BRN received notification that Mr. Tim Cole was appointed as the new President/CEO.

Initial program approval was granted by the Board in June 2008 for admission of 20 students per year. The approved Entry Level Master's (ELM) Degree Program curriculum was designed to have prelicensure courses presented over three 16-week academic semesters, following which the students could take the NCLEX-RN exam and then continue enrollment for two additional full-time years to complete courses leading to an MSN degree and NP certification eligibility. The first cohort of 14 students was admitted August 1, 2008, with an additional 63 students admitted by 7/31/2010 and an additional 120 students admitted between 8/1/2010 and 5/9/2011. The final cohort of 18 students (cohort 7) completed prelicensure courses at the end of October 2012 so there are no longer any students enrolled in the prelicensure portion of the ELM program. There are some students enrolled at the University who are taking prerequisite courses in anticipation that admissions into the ELM program might resume in the future. Program leadership has assured the NEC that these students made the informed choice to enroll

after being fully advised that it is possible there will not be an opportunity to enter the nursing program.

On May 8, 2011 Miyo Minato, SNEC and Leslie Moody, NEC conducted a focus visit to USU to investigate a report of program irregularities received from two Cohort II ELM program students. Areas of noncompliance were confirmed and further in-depth evaluation was required.

On June 8–9, 2011, a full continuing approval visit was conducted by BRN staff Louise Bailey, Miyo Minato and Leslie Moody. There were findings of 9 areas of noncompliance involving 14 sections, and 3 recommendations were given. All findings were reported to the Board at the June 15, 2011 meeting, and the Board placed United States University ELM program on warning status with intent to remove Board approval, prohibited admission of new students into the USU ELM nursing program, directed the university to take immediate corrective action to provide Cohort II students' pediatric clinical rotation, and required a progress report to the Board.

The program's progress reports were presented at the August and October 2011 meetings of the Education/Licensing Committee, and at the September and November 2011 meetings of the Board. The program had not achieved full compliance. At each of those meetings, the June 2011 actions of the Board were continued. A focus visit was conducted October 11, 2011 to evaluate new clinical facilities added by the program. At the November 2011 Board meeting, BRN staff was directed to conduct an on-site visit to the program to verify implementation of reported corrective actions and to identify any remaining areas of concern.

A program visit was conducted on November 30 – December 1, 2011 by Miyo Minato, SNEC and Leslie Moody, NEC. Findings of this visit were four areas of noncompliance involving eight related sections, and one recommendation. Visit findings were presented at the December 13, 2011 meeting of the Board. The Board continued previous actions of warning status and prohibition of admissions, and directed the program to correct areas of noncompliance to allow program completion for currently enrolled students.

The program submitted progress reports in January and March 2012. The BRN findings after receipt of the March progress report were four areas of noncompliance with sections 1424(h), 1426(a), 1427(b) and 1431. The program submitted a progress report in July 2012 with resulting BRN finding of one continuing area of noncompliance relative to NCLEX-RN examination pass rate.

A visit was conducted on August 15, 2012 which confirmed one remaining area of noncompliance in regards to NCLEX-RN examination pass rate. The visit findings were

presented at the August 2012 Education/Licensing Committee meeting and the September 2012 BRN Board meeting. The Board determined that: the program should remain on warning status with intent to withdraw approval; the prohibition against

additional program admissions would continue; the program's status would next be reviewed by the Board at the February 2013 meeting when NCLEX-RN outcomes data would be available for the second quarter of the 2012-13 period.

NCLEX outcomes to date for the program are:

2009-10 annual pass rate 62.5% (5 passed/8 taken)

2010-11 annual pass rate 71.43% (20/28)

2011-12 annual pass rate 68.97% (40/58)

2012-13: July-Sept 2012 quarterly pass rate 50% (9/18)

Oct-Dec 2012 quarterly pass rate 69.44% (25/36)

Year to date 01/01/-12/31/2012 NCLEX pass rate 63.53% (54/85)

Presenters representing USU were:

Pilar De La Cruz-Reyes, MSN, RN Dean, School of Nursing, USU

Timothy Cole, MBA – President and CEO

Dr. Steven Stargardter, PhD, Provost and Chief Academic Officer

Public comment received by:

Judy Corless, former Board Member

Genevieve Clavreul, RN, PhD

Sandra Connelly, Faculty and alumni of USU

Emeline Yabut, Faculty of USU

Gayle Corpus, USU former student

Brian Chilstrom, Executive Director, Summit College

NECs Recommendation: Change in the program's status to "Defer Action for Continuing Approval"; defer the decision for admission of a new cohort until after the FNP program continuing approval visit is completed on February 7-8, 2013 and a reassessment of continuing availability of all resources to support the ELM program portion is completed, with a report back to the ELC in May and the Board in June.

Legal Counsel Recommendation: Don Chang suggested the program be approved to admit one cohort of 20 students with the requirement that they come back before the Board to request approval prior to admission of any additional cohorts.

Board Action: Continue warning status; allow admission of one cohort of 20 students; and school to return to the Board for approval of any additional cohort admissions. NECs are to complete an ELM-FNP program review and report at the May 8th ELC meeting.

MSC: Jackson/Mallel to accept the Nurse Education Consultants' recommendations. 6/0/0

9.4 Incomplete New Prelicensure Program Applications

The California Code of Regulations, Section 1421(a)(4) regarding the Application for Approval of proposed new prelicensure programs requires that: *After acceptance of the feasibility study by the board, and no later than six (6) months prior to the proposed date for enrollment of students, submit a self-study to the board in accordance with the requirements specified in the "Instructions" demonstrating how the program will meet the requirements of sections 1424 through 1432 of this article and sections 2786.6(a) and (b) of the code.* The requirement is also stated in Board document: *Instructions for Institutions Seeking Approval of New Prelicensure Registered Nursing Program (EDP-I-01 Rev 03/10).*

In the new program approval process, the Feasibility Study (FS) presents evidence of need for the new program and sufficiency of resources to support program success. The Self-Study (SS) provides detailed information and evidence of the program's operationalization in preparation for accepting students. A lengthy period of time elapsed between Board acceptance of the FS and completion of the SS phase can allow for significant change to the elements presented in the original Board approved FS. With multiple programs simultaneously progressing through the approval process often in the same geographic area, and existing programs sometimes expanding enrollment, the challenge of evaluating adequacy of resources for proposed new programs becomes difficult, particularly in regards to clinical placements. There are currently five programs with Board-accepted FSs that have not yet completed the SS step, three whose FS were approved in 2010 (4-D College, Heald College, Institute of Medical Education-San Jose Campus) and two approved in 2011 (Stanbridge College, Weimar College).

At the October 30, 2012 Education/Licensing Committee meeting, BRN staff requested direction from the Board regarding a process for enforcement of CCR Section 1421(a)(4) and were directed to develop a recommendation. Nursing Education Consultants (NEC) conferred to produce the following recommendation:

- When a proposed program is in the FS development phase, the NEC will advise that stating a projected 2-year time frame from anticipated Board acceptance of the Feasibility Study to first enrollment/admission of program students is recommended to allow ample time to secure all required program resources prior to opening. Programs will not be prohibited from opening earlier if all requirements are met and Board approval is granted.
- NECs will communicate that it is the responsibility of the institution proposing the program to produce an acceptable Self-Study.
- The proposed programs currently in the Self-Study phase will have until February 2015 Board meeting to complete the program application process by achieving Board approval. If those schools have not achieved Board approval by that time, they will be required to initiate a new application process.
- When more than one year has elapsed from the time of Board acceptance of the FS to acceptance of the Self-Study and/or admission of students, the program will provide information as requested by the NEC for re-evaluation and verification of continuing availability of adequate clinical placements and other required program resources.
- Proposed programs that have not submitted an acceptable Self-Study at least 6 months prior to the proposed date for enrollment of students (1421(a)(4)), as stated in the FS accepted by the Board, will be required to begin the new program application process at step one (submission of a Letter of Intent).

Education/Licensing Committee recommends enforcing CCR Section 1421(a)(4) as stated.

No public comment.

MSC: Jackson/Klein to enforce the regulation regarding prelicensure program applications as presented in the Education/Licensing Committee recommendation. 6/0/0

9.5 Education/Licensing Committee Goals and Objectives 2013-15

BACKGROUND:

Biennially committee goals and objectives are reviewed and revised as needed. The 2011-13 ELC Goals and Objectives have been reviewed and revised to produce the attached 2013-2015 recommendations. A summary of changes to Goals/Objectives is listed below:

- Goal 1: 1.1 Minor revision to language
1.2 Minor revision to language
1.3 Revised to add advanced practice curriculum monitor
1.4 Minor revision to language
1.6 Revised to add recommendation sources
1.7 New
- Goal 2: Goal statement expanded
2.4 Minor revision to language
2.5 New (Prior objective 2.5 deleted)
2.7 New
2.8 Moved from Goal 6 (6.6) to Goal 2 for relevance
- Goal 3: Goal statement expanded
3.1 Minor revision to language
3.7 Deleted
- Goal 4: Minor revision to language
4.1 Minor revision to language
4.2 Added advanced practice programs to statement
4.3 Minor revision to language
4.4 Combined 4.4 and prior 4.5
- Goal 5: 5.1 Minor revision to language
- Goal 6: 6.1 Minor revision to language; combined 6.1 and prior 6.4
6.4 (old 6.5) Minor revision to language
6.5 (old 6.7) no change

EDUCATION/LICENSING COMMITTEE 2013-2015 GOALS AND OBJECTIVES

GOAL 1

Ensure that programs of nursing education meet regulatory requirements and that the curriculum integrates content to address recent political, technical, economic, healthcare and nursing practice developments.

- 1.1 Review prelicensure and advanced practice program content, including public health nurse content, to determine compliance with regulatory requirements and Board policy, and if they reflect current trends in healthcare and nursing practice.
- 1.2 Maintain BRN policy statements that reflect current statute, regulation and policy.
- 1.3 Ensure that nursing education programs include the Scope of Practice of Registered Nurses in California (BPC 2725) and the Standards for Competent Performance (CCR 1443.5) in their curriculum, and that advanced practice education program curriculum additionally includes Article 7 Standardized Procedure Guidelines.

- 1.4 Maintain awareness of current political, technical, economic, healthcare and nursing practice trends through attending and participating in educational conferences, committees and other events within California and nationally, for development of regulation and policy.
- 1.5 Monitor legislation affecting nursing education and convene advisory committees when appropriate.
- 1.6 Monitor nursing program curriculum structure and content for application of recommendations from the 2010 Institute of Medicine's - Future of Nursing, Carnegie Study on the Transformation of Nursing Education, the Quality and Safety Education for Nurses (QSEN) Competencies, The Essentials of Baccalaureate Education in Nursing, The Essentials of Master's Education in Nursing and other such works from established sources that present generally accepted standards.
- 1.7 Evaluate proposed new programs to ensure regulatory compliance and ability to secure necessary resources with timely program implementation adhering to the application process and timeline identified in regulations and policy.

GOAL 2

Provide leadership in the development of new approaches to nursing education.

- 2.1 Support creative approaches to curriculum and instructional delivery, and strategic partnerships between nursing education programs, healthcare industry and the community, such as transition to practice and post-licensure residency programs, to prepare registered nurses to meet current nursing and community needs.
- 2.2 Review Nursing Practice Act regulations for congruence with current nursing education, practice standards and trends, and recommend or promulgate proposals for revisions to regulation that will ensure the high quality of nursing education.
- 2.3 Sponsor and/or co-sponsor educational opportunities for professional development of nursing educators and directors in service and academia.
- 2.4 Evaluate the use of technology in teaching activities, such as on-line research, distance learning, Web-based instruction and high-fidelity simulation laboratory experiences.
- 2.5 Encourage and support programs' development of articulation agreements and other practices that facilitate seamless transition between programs for transfer and admission into higher degree programs.
- 2.6 Encourage and support graduate nursing education programs to prepare nurse educators and other nursing specialists to support implementation of the Health Care Reform Act of 2009.
- 2.7 Collaborate with the BRN Nursing Practice Committee to review, evaluate and recommend revision as needed of regulations pertinent to advanced practice nursing education.
- 2.8 Contribute to the NCSBN's Transition to Practice Study, ensuring a voice for California stakeholders.

GOAL 3

Ensure that reports and data sources related to nursing education in California are made available to nurse educators, the public, and others, and are utilized in nursing program design.

- 3.1 Collaborate with the contracted provider retained to conduct the consolidated online annual school survey of the prelicensure nursing education programs in California, and publish survey results on the BRN Website.

- 3.2 Maintain and analyze systematic data sources related to prelicensure and advanced nursing education, including the use of simulation, reporting findings annually.
- 3.3 Provide information about nursing programs to the public.
- 3.4 Maintain information related to each prelicensure program and update periodically.
- 3.5 Provide data to assist nursing programs in making grant or funding applications.
- 3.6 Encourage prelicensure programs to utilize NCSBN data and analysis of entry level RN practice to evaluate the effectiveness of their nursing education programs in preparing graduates for practice.

GOAL 4

Facilitate and maintain an environment of collegial relationships with deans and directors of prelicensure and advanced practice nursing education programs.

- 4.1 Conduct an annual orientation for new directors and an annual update for both new and continuing directors of prelicensure programs.
- 4.2 Maintain open communication and provide consultation and support services to prelicensure and advanced practice nursing programs in California.
- 4.3 Present BRN updates at COADN Directors' Meetings, annual CACN/ADN Meeting, and other venues as appropriate.
- 4.4 Conduct biennial meetings with advanced practice program directors to seek input, provide updates and foster discussions regarding current issues, regulatory reform and other topics pertinent to advanced practice in California, such as the implications of the Health Care Reform Act of 2009.

GOAL 5

Provide ongoing monitoring of the Continuing Education (CE) Program, and verify compliance with BRN requirements by licensees and providers.

- 5.1 Review and consider for approval CE provider applications to ensure regulatory compliance.
- 5.2 Conduct systematic random audits of registered nurses to monitor compliance with renewal requirements and appropriateness of CE courses completed.
- 5.3 Conduct systematic random reviews of CE providers to monitor compliance with CE regulations.

GOAL 6

Continue the assessment and review of the NCLEX-RN examination process, and maintain a collaborative relationship with the National Council of State Boards of Nursing.

- 6.1 Participate in periodic review of the NCLEX-RN examination process to ensure established security, test administration procedures and other testing standards are met.
- 6.2 Encourage nurse educators and working RNs to participate in NCLEX-RN examination panels to ensure consistent representation from California.
- 6.3 Participate in NCSBN committees and conferences to maintain representation from California.
- 6.4 Monitor and report California and national NCLEX-RN first time pass rates of California candidates, including results for internationally educated candidates.

6.5 Provide input into the NCSBN Practice Analysis, Test Plan revision and passing standard as requested or appropriate.

No public comment.

MSC: Jackson/Phillips to accept Education/Licensing Committee Goals and Objectives 2013-2015.
6/0/0

9.6 2011-2012 Annual School Survey Reports (Draft)

Julie Campbell-Warnock presented this report.

BACKGROUND:

The BRN 2011-2012 Annual School Survey was conducted from October 2, 2012 to November 15, 2012. The survey was sent to all California pre-licensure nursing programs and was conducted on behalf of the BRN by the Research Center at the University of California, San Francisco. The draft of the Annual School Reports includes data on enrollments, graduations, faculty, etc. from California pre-licensure nursing programs. There are two reports; one is a trend report which includes historical data for the past ten years on some of the more significant data and the second includes current year data from most all of the questions asked on the survey. The BRN received 100% participation from all of the nursing programs and we would like to thank all of the schools for their participation and prompt responses to the survey.

No public comment and no motion required.

9.7 NCLEX Pass Rate Update

Katie Daugherty, NEC presented this report.

The Board of Registered Nursing receives quarterly reports from the National Council of State Boards of Nursing (NCSBN) about the NCLEX-RN test results by quarter and with an annual perspective. The following tables show this information for the last 12 months and by each quarter.

NCLEX RESULTS – FIRST TIME CANDIDATES

January 1, 2012- December 31, 2012*

JURISDICTION	TOTAL TAKING TEST	PERCENT PASSED %
California	10,758	89.94
United States and Territories	150,261	90.34

CALIFORNIA NCLEX RESULTS – FIRST TIME CANDIDATES

By Quarters and Year January 1, 2012-December 31, 2012*

1/01/12- 3/31/12		4/01/12- 6/30/12		7/01/12- 9/30/12		10/01/12- 12/31/12		1/01/12- 12/31/12	
# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass	# cand.	% pass
3,258	92.11	2,707	90.62	3,482	89.57	1,311	84.13	10,758	89.94

*Includes (4), (1), (5) and (5) "re-entry" candidates and reflects the 2010 NCLEX-RN Test Plan and the current passing standard (-0.16 logits) that remain in effect until 3/31/13.

Effective April 1, 2013, the 2013 NCLEX-RN Test Plan and the new Passing Standard of 0.00 logit will be implemented and remain effective through March 31, 2016. A logit is defined as a unit of measurement to report relative differences between candidate ability estimates and item difficulties. Please refer to the attached NCSBN Press Release for further detail.

The Nursing Education Consultants (NECs) monitor the NCLEX results of their assigned programs. Current procedure provides that after each academic year (July 1-June 30), if there is substandard performance (below 75% pass rate for first time candidates), the NEC requests the program director submit a report outlining the program's action plan to address this substandard performance. Should the substandard performance continue in the second academic year, an interim visit is scheduled and a written report is submitted to the Education/Licensing Committee. If there is no improvement in the next quarter, a full approval visit is scheduled within six months. A report is made to the Education /Licensing Committee following the full approval visit.

California Board of Registered Nursing

NCLEX-RN Pass Rates First Time Candidates
Comparison of National US Educated and CA Educated Pass Rates
By Degree Type

Academic Year July 1, 2012-June 30, 2013

Academic Year July 1-June 30	July-Sept #Tested % Pass	Oct-Dec #Tested % Pass	Jan-Mar #Tested % Pass	April-June #Tested %Pass	2012-2013 Cumulative Totals
National US Educated- All degree types *	51,025 (88.7)	12,426 (84.4)			
CA Educated- All degree types*	3,482 (89.5)	1,311 (84.1)			
National-Associate Degree rates**	27,606 (87.8)	6,875 (82.1)			
CA-Associate Degree rates**	2,086 (90.2)	523 (81.8)			
National-BSN+ELM rates**/**	22,024 (89.7)	5,255 (87.2)			
CA-BSN+ELM rates**/**	1,389 (88.4)	783 (85.5)			

*National rate for All Degree types includes four categories of results: Diploma, AD, BSN+ELM, and Special Codes. Use of the Special Codes category may vary from state to state. In CA, the Special Codes category is most commonly used for re-entry candidates such as eight year retake candidates wishing to reinstate an expired license per CCR 1419.3(b). The CA aggregate rate for the All degree types includes AD, BSN+ELM, and Special Codes but no diploma program rates since there are no diploma programs in CA. CA rates by specific degree type exclude special code counts since these are not reported by specific degree type.

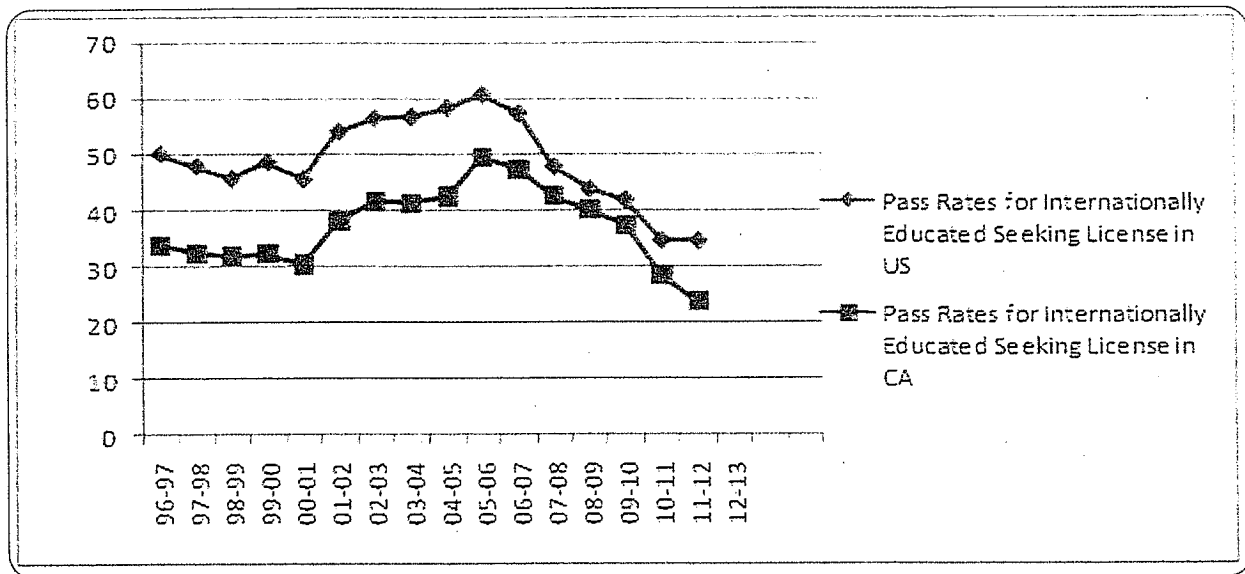
**National and CA rates reported by specific degree type include only the specific results for the AD or BSN+ELM categories.

***Historically, ELM programs have been included in the BSN degree category by NCSBN.

Note: This report includes any quarter to quarter corrections NCSBN has made in data.

Source: National Council of State Boards Pass Rate Reports

California Board of Registered Nursing
Comparison of National and California NCLEX Pass Rates
Internationally Educated First Time Candidates



Year	Intl. Edu. Seeking Licensure in a U.S. Jurisdiction				Intl. Edu. Seeking Licensure in California			
July 1–June 30	#Tested	%Pass			#Tested	%Pass		
96-97	7,147	50.1			1,817	33.8		
97-98	6,322	47.9			1,928	32.4		
98-99	5,931	45.6			1,867	31.9		
99-00	7,051	48.6			2,067	32.2		
00-01	7,355	45.5			2,546	30.3		
01-02	9,339	54.0			3,611	38.0		
02-03	14,766	56.4			4,844	41.6		
03-04	17,773	56.6			5,901	41.3		
04-05	17,584	58.3			5,500	42.5		
05-06	20,691	60.7			6,726	49.5		
06-07	31,059	57.3			11,444	47.4		
07-08	32,420	47.8			14,385	42.6		
08-09	26,517	43.7			14,740	40.1		
09-10	18,122	41.8			10,195	37.4		
10-11	11,397	34.6			5,854	28.2		
11-12	8,577	34.5			3,040	23.7		
12-13								

Source: NCSBN and CA BRN ATS Reports

Year to Year pass rate changes may be due to one or more factors, including, but not limited to:

- *Global economy changes and changes in the RN labor market (fewer RN retirements/less turnover; etc.) in the U.S.
- *Retrogression (limited visas available); slowed recruitment of internationally educated RNs by U.S. employers
- *2010 BRN Social Security number requirements for all applicants
- *Differences in international nursing education as compared with the U.S.; English language proficiency
- *Differences in a country's nursing regulations and scope of practice as compared to the U.S.
- *Differences in health care delivery systems as compared with the U.S.
- *Differences in candidate preparation for the NCLEX examination as compared with the U.S.

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NCSBN Board of Directors (BOD) Voted to Raise the Passing Standard for the NCLEX-RN Examination at its Meeting on Dec. 17, 2012

NCSBN Board of Directors (BOD) Voted to Raise the Passing Standard for the NCLEX-RN Examination at its Meeting on Dec. 17, 2012

1/8/2013

NCSBN Board of Directors (BOD) Voted to Raise the Passing Standard for the NCLEX-RN Examination at its Meeting on Dec. 17, 2012

Media Contact: Dawn M. Kappel
Director, Marketing & Communications
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FOR IMMEDIATE RELEASE

Chicago - The National Council of State Boards of Nursing (NCSBN) voted on Dec. 17, 2012, to raise the passing standard for the NCLEX-RN Examination (the National Council Licensure Examination for Registered Nurses). The passing standard will be revised from the current -0.16 logits* to 0.00 logit beginning April 1, 2013, with the implementation of the *2013 NCLEX-RN Test Plan*. The new passing standard will remain in effect through March 31, 2016.

After consideration of all available information, the NCSBN BOD determined that safe and effective entry-level registered nurse (RN) practice requires a greater level of knowledge, skills, and abilities than was required in 2009 when NCSBN implemented the current standard. The passing standard was increased in response to changes in U.S. health care delivery and nursing practice that have resulted in the greater acuity of clients seen by entry-level RNs.

The BOD used multiple sources of information to guide its evaluation and discussion regarding the change in passing standard. As part of this process, NCSBN convened an expert panel of 12 nurses to perform a criterion-referenced standard setting procedure. The panel's findings supported the creation of a higher passing standard. NCSBN also considered the results of national surveys of nursing professionals, including nursing educators, directors of nursing in acute care settings and administrators of long-term care facilities.

In accordance with a motion adopted by the 1989 NCSBN Delegate Assembly, the NCSBN BOD evaluates the passing standard for the NCLEX-RN Examination every three years to protect the public by ensuring minimal competence for entry-level RNs. NCSBN coordinates the passing standard analysis with the three-year cycle of test plan evaluation. This three-year cycle was developed to keep the test plan and passing standard current. A PDF of the *2013 NCLEX-RN Test Plan* is available free of charge from the NCSBN website.

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose members include the boards of nursing in the 50 states, the District of Columbia and four U.S. territories — American Samoa, Guam, Northern Mariana Islands and the Virgin Islands. There are also 12 associate members. Mission: NCSBN provides education, service and research through collaborative leadership to promote evidence-based regulatory excellence for patient safety and public protection.

Media inquiries may be directed to the contact listed above. Technical inquiries about the NCLEX examination may be directed to the NCLEX information line at 1.866.293.9600 or nclexinfo@ncsbn.org.

The statements and opinions expressed are those of NCSBN and not the individual member state or territorial boards of nursing.

*A logit is defined as a unit of measurement to report relative differences between candidate ability estimates and item difficulties.

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No public comment and no motion required.

Board President, Raymond Mallel noted the much lower pass rate for international applicants compared to the performance of U.S. educated applicants.

9.8 Licensing Program Report

Bobbi Pierce, Licensing Manager presented this report.

Program Update:

The Board of Registered Nursing Licensing Program has processed the majority of the applications for graduates wanting to take the National Licensure Examination for Registered Nurses, NCLEX-RN. As previously reported we are finding more nursing programs do not submit documentation until after the graduation date and issuance of the final, official transcript. This helps to ensure students have met all degree and nursing requirements.

The Licensing Unit received and processed a total of 2,174 applications for California graduates between November 29, 2012 and January 15, 2013. Of this number 1,374 were deemed eligible for the NCLEX-RN examination.

The Board is now receiving official transcripts for the recent graduates. Each transcript is evaluated to ensure all required course work has been completed, and a degree with conferral date is posted. If the applicant is a non-graduate, LVN-30 unit option student or in an entry level master's program, staff compares the date nursing requirements were completed (provided on the Individual Candidate Roster) with the dates of the final semester/quarter.

In mid-December, a Philippine delegation led by Dr. Patricia Licuanan, Chairperson for the Commission on Higher Education (CHED) and two members of the Technical Committee on Nursing Education for CHED came to discuss issues and concerns relating to Philippine graduates seeking licensure in California. In attendance were: Louise Bailey, Executive Officer, Stacie Berumen, Assistant Executive Officer, Christina Sprigg, Deputy Chief of Licensing and Administrative Services, Bobbi Pierce, Licensing Program Manager, Dana Cordova and Larlee Walters Licensing Analysts, and Nancy Hoff and Marife Sevilla representing the Philippine Nurses Association of America (PNAA). Board Member Michael Jackson and Miyo Minato, Supervising Nursing Education Consultant were able to join the discussion by telephone.

Issues discussed:

- Non-concurrency; not all nursing programs are following the curriculum specified by CHED
- Format of transcripts, specifically the Related Learning Experience (clinical) portion needs to be updated to provide a more accurate depiction of the student's education
- Questionable nursing schools. CHED will be providing the Board with a list of all approved nursing schools in the Philippines. CHED is in the process of closing nursing schools and a list of these schools will also be provided.

Statistics:

The statistics for the last two fiscal years and the first six and one-half months of fiscal years 2012/12 are attached. The increase in the number of applications can be attributed to new graduates sending in applications in advance of graduation.

Issues:

- The Board still receives questionable transcripts from all over the world. The following is a breakdown of documents received from January 1, 2012 through January 15, 2013:

COUNTRY	NUMBER	DESCRIPTION
Armenia	2	Submitted transcript – did not attend program
Haiti	5	Transcripts are identical – same hours and grades for each applicant
Indonesia	1	Submitted transcript – did not attend program
Jamaica	1	Submitted transcript – did not attend program
Nigeria	4	Submitted transcript – did not attend program
Philippines	7	Submitted transcript – did not attend program

We routinely ask nursing programs to verify their graduates in writing. Some programs will provide a list, while other programs are not as cooperative. In many cases, our issues with the countries on this table have been on-going for a number of years.

During this period of time the issue seen most frequently was clinical practice not completed concurrently with the associated theoretical instruction.

- We are receiving applications from Canadian educated applicants who do not meet requirements in Obstetrics, Pediatrics and Psychiatric nursing. This can be attributed to the fact that in some nursing programs these areas of nursing are considered “electives”, so a minimal number of theoretical and clinical practice hours are required. The main focus of these programs is Medical-Surgical Nursing.
- Another issue involves applicants who were found not eligible because they did not attend and complete a nursing program. Now many years later (in a recent case eight (8) years has passed), the former applicant remembers they did complete a nursing program so they reapply and the school forwards a transcript for this nursing program. When asked why this information was not provided previously, the response is, “I forgot I went to nursing school.” We find this questionable.

**CALIFORNIA BOARD OF REGISTERED NURSING
LICENSING STATISTICS**

DESCRIPTIONS	FISCAL YEAR 2010/11				FISCAL YEAR 2011/12				FISCAL YEAR 2012/13 (July 1, 2012 to January 15, 2013)			
	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED	APPS RECEIVED	**APPS PENDING	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED	
REGISTERED NURSE - EXAMINATIONS ENDORSEMENTS & REPEATERS	34,559	5,933	23,150	37,226	4,725	22,853	15,885	9,799			12,075	
CLINICAL NURSE SPECIALISTS	200	97	197	246	101	200	122	87			139	
NURSE ANESTHETISTS	148	22	145	185	31	169	120	36			116	
NURSE MIDWIVES	44	18	48	74	21	58	27	17			29	
NURSE MIDWIFE FURNISHING NUMBER	23	6	23	37	4	37	13	6			12	
NURSE PRACTITIONERS	838	263	917	1,273	248	1,161	643	151			730	
NURSE PRACTITIONER FURNISHING NUMBER	699	65	751	894	149	857	458	103			461	
PSYCH/MENTAL HEALTH LISTING	8	5	6	8	10	2	8	16			1	
PUBLIC HEALTH NURSE	2,679	343	2,712	3,032	474	2,853	1,522	566			1,673	

**Applications pending - Initial evaluation is complete; additional documentation required to complete file or applicant needs to register with testing vendor

No public comment and no motion required.

The Board addressed the concern of adding to the rule making calendar the regulation which requires applicants to disclose convictions \$300 and higher. It has been suggested that the reporting threshold should be raised to a higher amount.

10.0 Report of the Nursing Practice Committee

Trande Phillips, RN, Direct Patient Care Member, Chairperson

10.1 Information Only:

Janette Wackerly presented this report.

Residency Program and Transitional Care Program, speaker Nikki West, MPH, Program Director California Institute for Nursing & Health Care

Tammy Rice, Nursing Program Director, Assistant Dean, HSHS, Saddleback College spoke about the transition to practice programs that occur in southern California work force.

No public comment and no motion required.

Transition to Practice Programs – Helping Nurses Find Jobs

BRN Nursing Practice Committee
January 9, 2013

Organized through CINHC: CA Nursing Workforce Center

- Began program work in 2003
- Established to ensure that California has the nursing workforce needed to meet the health care needs of the state
- Focus continues on nursing workforce issues

RN Job Growth Picture

- CA EDD forecasts that ~ 10,500 new nurses needed annually for growth and replacement through 2018
- In 2011, there were 10,666 newly graduated nurses in CA
- Demand/pipeline is in balance

Hiring dilemma of new graduate RNs... gathering data

- Capacity has been built and stabilized
- Due to the economic recession, new graduate RNs are having difficulty finding RN positions
- Hospital and new graduate surveys indicate approximately 40% of CA new graduates were not employed as RNs
- Barriers cited by new graduate RNs: no experience - 92%; no positions - 54%
- 80% indicated interest in participating in an internship if available; 76% would work in non-acute setting

Forming Transition to Practice Programs

- National work – NCSBN Transition to Practice model and study
- Review of existing evidence
- Regional forums were held across California to review survey information and discuss solutions

Transition to Practice Program Goals

- Keep new graduate RNs engaged in the workforce
- Provide increased experience
- Offer guided mentoring and education
- Improve chances of employability
- Meet regional nursing workforce needs

Transition Program Common Characteristics

- Post-licensure...RN participants have passed NCLEX
- Housed within a school of nursing with participants enrolled as students
- Receive academic credit or continuing education credit
- 12 to 18 weeks in length, minimum 24 hours per week
- Training for various clinical settings
- Clinical partners and schools develop curriculum

7

Transition Program Common Characteristics

- Incorporate clinical, didactic, simulation lab, and web based learning with a focus on patient safety and patient advocacy
- Clinical partners provide mentors and special topic lecturers
- Schools of nursing provide liability coverage and faculty
- Training made available to mentors
- Evaluate employability and improved competence and confidence based on common evaluation tool
- Award common Certificate of Completion

8

Transition to Practice Pilot Projects

- Nursing schools partners included:
- A collaboration of schools including Evergreen Community College and San Jose State University
 - California State University, East Bay
 - Samuel Merritt University
 - University of San Francisco

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Findings from Pilot Projects

- Data analysis demonstrated increased competencies and confidence
- Employment rates were higher (over 80%) than the overall rate of new graduate nursing employment (at 43%), with participants earning positions as staff nurses in acute and non-acute settings

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Statewide Replication

- 26 school/clinical site Transition to Practice partnerships have formed in CA using the framework of the pilot sites
- 19 programs are offered through community colleges
- Each uses core evaluation tools; CNHC working with programs to ensure consistency in collecting data and to analyze data regarding impact of programs and provide Certificate of Completion
- >900 new graduate RNs have participated since Winter 2010

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Next Steps...

- Continue with replication of Transition to Practice Programs using same evaluation tools and principles
- Work with other groups exploring impact of similar programs to identify benefits and potential role (staying in touch with NCSBN and its Transition to Practice study)
- Explore and offer programs in primary care, home health, hospice, school nursing, and long-term care

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Contact Information

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11.0 Public Comment for Items Not on the Agenda

No public comment.

The meeting adjourned at 3:03 pm. Raymond Mallel, Board President, called the closed session meeting to order at 3:17 pm. The closed session adjourned at 5:19 pm.

12.0 Closed Session

Disciplinary Matters

The Board will convene in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on disciplinary matters including stipulations and proposed decisions.

Thursday, February 7, 2013 – 9:00 am

13.0 Call to Order – Board President called the meeting to order at 9:11 am and had the members introduce themselves.

Members: Raymond Mallel, Board President, Public Member
Cynthia Klein, RN, Vice President, Direct Patient Care Member
Erin Niemela, Public Member
Michael D. Jackson, BSN, RN, Nurse Educator Member
Trande Phillips, RN, Direct Patient Care Member
Jeanette Dong, Public Member

Executive Officer: Louise Bailey, M.Ed., RN (absent)

14.0 Public Comment for Items Not on the Agenda

15.0 Disciplinary Matters

Reinstatements

Debora Becher – Denied Reinstatement
Esther Chung – Granted Reinstatement
Lonnie Aschebrook – Granted Reinstatement
Mary Josoy-Stedham – Granted Reinstatement
Teresa Cochran – Granted Reinstatement
Yu Hogan – Granted Reinstatement

Termination/Modification of Probation

Carrie LaPiana – Granted Early Termination
Darlene Webber – Granted Early Termination
Deborah Briones – Granted Early Termination

16.0 Closed Session

Disciplinary Matters

The Board convened in **closed session** pursuant to Government Code Section 11126(c) (3) to deliberate on the above matters and other disciplinary matters including stipulations and proposed decisions.

Raymond Mallel, Board President, called the closed session meeting to order at 1:43 pm. The closed session adjourned at 2:20 pm.

Louise Bailey, M.Ed., RN
Executive Officer

Raymond Mallel
Board President

**BOARD OF REGISTERED NURSING
Administrative Committee**

Agenda Item Summary

AGENDA ITEM: 6.2

DATE: April 10, 2013

ACTION REQUESTED: Proposed Amendment, Title 16, California Code of Regulations, Article 1, Section 1419 (c) Reporting of Convictions for Initial Licensure and Renewal of License

REQUESTED BY: Raymond Mallel, Chairperson
Board President

BACKGROUND:

Notice of the Board's proposed modification of the regulatory proposal increasing the specified amount has been calendared. Currently, applicants are not required to report any traffic infractions under \$300. The modification increases the amount from under \$300 to under \$1,000.

NEXT STEPS: Continue with the regulatory process.

FISCAL IMPACT, IF ANY:

PERSON(S) TO CONTACT: Geri Nibbs, MN, RN
Nursing Education Consultant
(916) 574-7682

BOARD OF REGISTERED NURSING
Administrative Committee

Agenda Item Summary

AGENDA ITEM: 6.3

DATE: April 10, 2013

ACTION REQUESTED: 2013 Forecasting Report of RNs in California

REQUESTED BY: Raymond Mallel, President, Chair
Administrative Committee

BACKGROUND:

Along with each biennial RN survey and report, the BRN contracts with the University of California San Francisco (UCSF), Institute for Health Policy Studies to complete the Forecasts of the Registered Nurse Workforce in California report which presents the RN supply and demand projections. Following the 2012 RN Survey, UCSF is currently preparing the 2013 forecasting report which is based on a variety of data sources including the 2012 Survey of California RNs, BRN licensing data, data from other California state agencies (i.e., OSHPD, EDD, Department of Finance) and national survey data. When final, this report will be included under the forms section of the BRN website.

Dr. Joanne Spetz from UCSF will be in attendance to provide a presentation of some of the highlights of the data.

NEXT STEPS: Finalize report and place on the BRN website.

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Julie Campbell-Warnock
Research Program Specialist
(916) 574-7681

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.1
DATE: April 10, 2013

ACTION REQUESTED: Ratify Minor Curriculum Revisions and Acknowledge Receipt of Program Progress Report

REQUESTED BY: Michael Jackson, MSN, RN, Chairperson

BACKGROUND:

According to Board policy, Nursing Education Consultants may approve minor curriculum changes that do not significantly alter philosophy, objectives, or content. Approvals must be reported to the Education/Licensing Committee and the Board.

Minor Curriculum revisions include the following categories:

- Curriculum changes
- Work Study programs
- Preceptor programs
- Public Health Nurse (PHN) certificate programs
- Progress reports that are not related to continuing approval
- Approved Nurse Practitioner program adding a category of specialization

The following programs have submitted minor curriculum revisions that have been approved by the NECs:

- Azusa Pacific University Baccalaureate Degree Nursing Program
- California State University, Fullerton, Baccalaureate Degree Nursing Program and Entry Level Master's Degree Option Nursing Program
- West Coast University, Inland Empire, Baccalaureate Degree Nursing Program
- West Coast University, Los Angeles, Baccalaureate Degree Nursing Program
- West Coast University, Orange County, Baccalaureate Degree Nursing Program
- College of San Mateo Associate Degree Nursing Program
- College of the Sequoias Associate Degree Nursing Program
- Grossmont College Associate Degree Nursing Program
- Imperial Valley College Associate Degree Nursing Program
- Los Angeles Trade-Tech College Associate Degree Nursing Program
- Yuba College Associate Degree Nursing Program
- Charles Drew University of Medicine and Science Entry Level Master's Degree Nursing Program

Acknowledge Receipt of Program Progress Report:

- California State University, Dominguez Hills, Entry Level Master's Degree (MEPN) Nursing Program
- California State University, Fullerton, Baccalaureate Degree Nursing Program and Entry Level Master's Degree Option Program
- California State University, Dominguez Hills, Nurse Practitioner Program
- San Joaquin Valley College Associate Degree Nursing Program

NEXT STEP: Notify the programs of Board action.

FISCAL IMPACT, IF ANY: None

PERSON TO CONTACT: Leslie A. Moody, RN, MSN, MAEd
Nursing Education Consultant, (760) 369-3170

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: March 6, 2013

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
Azusa Pacific University Baccalaureate Degree Nursing Program	B. Caraway	02/25/2013	Minor curriculum revision made to the Traditional and High Desert two plus two BSN curriculum. The medical/surgical courses have been revised for course sequencing, QSEN competencies, and AACN recommended BSN Competencies and curricular guideline for the Nursing Care of Older Adults, 2010. The core course in Pediatric and Obstetrics will be offered at the senior level and have reduced clinical hours from 4 to 2 units. One unit was added to the UNRS310 P/MH course to add a focus of abnormal psychology and psychopharmacology content. The total nursing units will remain at 53 semester units. The revisions were made in response to faculty, students' feedback, and the recommendations from the nursing curriculum committee. There has been no change to the program philosophy, program objectives, conceptual framework, and course objectives.
California State University, Fullerton, Baccalaureate Degree Nursing Program and Entry Level Master's Degree Option Nursing Program	S. Ward	01/11/2013	The program submitted correspondence to inform the Board of the following changes: <ul style="list-style-type: none"> • Decision not to implement an extended campus in partnership with St. Jude Medical Center to offer a BSN program at this location. The Board approved the extended campus proposal in June 2011. • Discontinue the entry- level master's degree program option (leadership concentration) after students admitted in fall 2013 complete the program. Student interest and funding considerations led to this determination. • Enroll the first cohort of (20) students into the accelerated BSN program option in fall 2014. The option was approved by the Board in May 2010. Admissions are planned to be on an annual basis each fall.
West Coast University, Inland Empire, Baccalaureate Degree Nursing Program; West Coast University, Los Angeles, Baccalaureate Degree Nursing Program; West Coast University, Orange County, Baccalaureate Degree Nursing Program	M. Minato	01/04/2013	Effective January 2013, GE requirements will include Statistics (3 units) and Critical Reasoning (3 units) and deleted requirements of Nutrition (3 units) and Medical Terminology (3 units) for all three campuses. There are no changes in units required for degree.
College of San Mateo Associate Degree Nursing Program	K. McHan	01/25/2013	Effective fall 2013, eliminate a skills lab course, NURS 21 (0.5 units), which faculty deem redundant with its concurrent courses. Total units for licensure will decrease from 70-74 units to 69.5-73.5 units.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: March 6, 2013

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	SUMMARY OF CHANGES
College of the Sequoias Associate Degree Nursing Program	K. McHan	02/06/2013	Change the course number for NURS 167 Promote and Restore Wellness I to NURS 163 due to the college's Campus Curriculum Committee requirements for course numbering. No other changes related to the course were made.
Grossmont College Associate Degree Nursing Program	L. Moody	12/24/2012	Nursing program outcome statements were revised to be more concise. There was no change to content.
Imperial Valley College Associate Degree Nursing Program	L. Moody	01/28/2013	Adult and pediatric musculoskeletal system learning objectives and content were moved from third semester course NURS 231 Nursing Process and Application III to second semester course NURS 125 Nursing Process and Application II. This did not result in any changes to units for either course or total program units.
Los Angeles Trade-Tech College Associate Degree Nursing Program	S. Ward	12/27/12	Nursing Simulation Lab (NSL) 134A becomes NSL - 134. NSL - 134 B is renumbered to 136, and NSL - 134 C is renumbered to 137.
Yuba College Associate Degree Nursing Program	K. Daugherty	12/14/12	Effective Spring 2013 only, offer previously approved Nursing 1A and 1B, and Nursing 35 instead of Nursing 1 and Nursing 4 A and B to accommodate delays in campus/CCCC approvals. From Fall 2013 forward, Nursing 1 and Nursing 4A and B will be implemented as approved.
Charles Drew University of Medicine and Science Entry Level Master's Degree Nursing Program	M. Minato	2/11/2013	Program submitted minor curriculum changes to: 1) Separate the combined N514 – Med/Surg-Psych/MH course into two distinct courses, N517- Psychiatric Nursing and N518 Families in Crisis (Critical Care); 2) Add N519, a Med-Surg Residency I (1 u th/5 u Cl); and 3) Rename the current N526, Residency I as Residency II. The new Residency I course emphasizes the management roles of CNL and direct care staff role. The new Residency II is added to post-licensure MSN content. The proposed changes will result in net increase of one unit for prelicensure content, 86 units to 87 units and Nursing units from 56 units to 57 units, and the changes redistributed theory and clinical units to emphasize medical-surgical experiences and the professional role of RN as CNL. Changes will be effective Summer 2013 for new cohort group.

MINOR CURRICULUM REVISIONS
Education/Licensing Committee
DATE: March 6, 2013

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
California State University, Dominguez Hills, Entry Level Master's Degree Nursing (MEPN) Program	M. Minato	02/11/13	CSUDH SON submitted a progress report on the corrective action related to filling the faculty positions that was reported to the Board on August 2012. Three of the four SON faculty positions have been filled. Three faculty are teaching for the MEPN Program. The fourth faculty recruitment for tenure-track NP faculty has been difficult because not having enough applicants to have a pool to conduct t interview. Provost approved the additional funding to run an add with California Association of Nurse Practitioners. NEC to monitor the progress.
California State University, Fullerton, Baccalaureate Degree Nursing Program and Entry Level Master's Degree Option Nursing Program	S. Ward	01/11/2013	The program submitted a progress report detailing the action plan to address the 2011-2012 NCLEX – RN examination pass rates for the generic BSN student cohoo (66.67%). NCLEX–RN examination pass rates for the July to December 2012 time period are at 97.06% for the generic BSN program student cohort.
California State University, Dominguez Hills, Nurse Practitioner Program	M. Minato	02/11/13	CSUDH SON submitted a progress report on the corrective action related to filling the faculty positions that was reported to the Board on May 2012. Three of the four SON faculty positions have been filled. Three faculty are teaching for the MEPN Program. The fourth faculty recruitment for tenure-track NP faculty has been difficult because not having enough applicants to have a pool to conduct t interview. Provost approved the additional funding to run an add with California Association of Nurse Practitioners. Teaching positions are covered by adjunct faculty. NEC to monitor the progress.
San Joaquin Valley College Associate Degree Nursing Program	K. McHan	02/13/13	The program has sustained substandard NCLEX pass rates for consecutive academic years 2010/2011 and 2011/2012 of 53.95% and 60.29, respectively. Following the NEC's Continuing Approval Visit report to the ELC on August 29, 2012, Board action at the September 27, 2012 Board meeting was "Defer Continuing Approval of San Joaquin Valley College Associate Degree Nursing Program." A focused interim visit was conducted on January 24, 2013. The NEC advised the program to utilize a curriculum consultant for review of the total program and five recommendations related to CCR 1424 were made. The program's progress report, submitted February 6, 2013, describes the

MINOR CURRICULUM REVISIONS

Education/Licensing Committee

DATE: March 6, 2013

SCHOOL NAME	APPROVED BY NEC	DATE APPROVED	PROGRESS REPORT
			<p>program's analysis of a selection of success predictors for past and currently enrolled students, performance indicators for currently enrolled students, and actions taken to improve the program. The report lacks specificity and depth of information regarding the program's analysis and actions, as requested by the NEC. However, the program has taken multiple actions to improve the curriculum for current and future cohorts, including: Increasing the passing standard for all courses to require 75% average on exams and quizzes; replacing 12 skills lab hours with clinical hours in the RN 20 Maternal/Newborn course; additional simulation activities with emphasis on critical thinking and application of the nursing process; requiring students to complete additional Kaplan and ATI resources; changing selected textbooks to support a stronger emphasis on foundational skills and clinical reasoning, both in the Transition course and throughout the program; revisions to the LVN-RN Transition course content to emphasize the role of the RN, pathophysiology, fluid and electrolyte imbalances and illness management, and adding concept mapping and simulation; and, engaging the services of a curriculum consultant for total program review. Seventy students graduated in November, 2012. Eighteen of these graduates have taken NCLEX and 15 have passed (NCBSN data for Oct 1, 2012-Dec 30, 2012). One LVN-RN and one generic RN cohort are currently enrolled and expected to graduate in November, 2013. The next planned enrollments are one generic RN cohort of thirty-six students in April, 2013 and one LVN-RN cohort of thirty-six students in January, 2014. The program has been advised to limit enrollment of these cohorts to 24 students each, as was initially approved. The next report to the ELC will include the program's ongoing progress in program improvement and the NCLEX pass rate for academic year 2012-2013.</p>

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.2

DATE: April 10, 2013

ACTION REQUESTED: Education/Licensing Committee Recommendations

REQUESTED BY: Michael Jackson, MSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND: The Education/Licensing Committee met on March 6, 2013 and makes the following recommendations:

A. Continue Approval of Prelicensure Nursing Program

- California State University, Northridge, Accelerated Baccalaureate Degree Nursing Program
- San Francisco State University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs
- American River College Associate Degree Nursing Program
- Santa Ana College Associate Degree Nursing Program

B. Defer Action to Continue Approval of Prelicensure Nursing Program

- California State University, San Bernardino, Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert Campuses)
- Merritt College Associate Degree Nursing Program

C. Approve Major Curriculum Revision

- San Francisco State University Baccalaureate Degree Nursing Program
- Merced College Associate Degree Nursing Program

A summary of the above requests and actions is attached.

NEXT STEPS: Notify the programs of Board action.

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Leslie A. Moody, Nursing Education Consultant
(760) 369-3170

**Education/Licensing Committee Recommendations
From meeting of March 6, 2013**

Education/Licensing Committee Recommendations:

A. CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- **California State University, Northridge, Accelerated Baccalaureate Degree Nursing Program. Dr. Mariann Hattar-Pollara, PhD, CNS, RN, FAAN, Chairperson of Department of Nursing and Program Director.**

On December 5 – 6, 2012, Leslie Moody, NEC, and Miyo Minato, SNEC, conducted a regularly scheduled continuing approval visit at CSUN, Accelerated Baccalaureate Degree Program. The program was found to be in compliance with Board rules and regulations. One recommendation was given related to Section 1424(d) Resources.

CSUN is a diverse university community of about 36,000 students, located in the San Fernando Valley. The Board gave initial approval of the CSUN Accelerated BSN Program in April 2007. The program started with 18 students in May 2007 and graduated 16 students in Summer 2008. The program admits 18-19 students each admission. Currently they admit twice a year, and admitted their 10th cohort of students.

In July 2011, the Nursing Program, which is housed in the College of Health and Human Development, was designated as Department of Nursing, and Dr. Hattar was named as the Chair of the Department. This organizational change allowed the department to have allocated departmental budget and helped to provide resources for support staff. Resources for current classroom spaces, skills/simulation lab, and office spaces are adequate to support the number of students. However, lab spaces are limited for additional increases to the current cohort size. There is a new larger Nursing Department space allocated within the current building and plans are underway for the renovation. Because of the future plans for expansion of the graduate programs, including the DNP program, it is anticipated that current nursing department spaces would be needed in addition to the new spaces to handle the enrollment expansion.

Dr. Hattar discussed her plans for the nursing program that included developing and stabilizing faculty and implementing key roles, such as Clinical Coordinator and Simulation Lab Coordinator. At the time of the visit there was a loss of one FT tenured faculty, and the search was ongoing to fill the three vacant tenured faculty positions that had been approved. The meeting with the faculty showed a cohesive group of core FT faculty group working together on a major curriculum change proposal. There was representation of PT faculty at the meeting that demonstrated close coordination between FT/PT faculty. The faculty group is working to incorporate the CCNE Essential Competencies, IOM Recommendations, and the QSEN Competencies. Documents showed that the program was conducting program evaluations following their systematic plan and making changes based on the results.

NECs visited clinical sites at Providence St. Joseph's in Burbank and Northridge Hospital. Students shared their experiences at clinical sites, explained how they were prepared in the lab and reported that they were well prepared to take on the assignment. Second-semester students showed self-confidence when describing their patients and clinical experiences they were having. They credited the clinical agencies with helpful staff and their faculty for excellent guidance and support for their learning.

The meeting with student groups reported well organized program, and the majority of students reported that they felt their concerns were addressed by the faculty and the program. Although there were lab hours

available for practice by appointment, students expressed that more open lab hours where they can drop in as needed during the week would benefit their learning.

ACTION: Continue Approval of California State University, Northridge, Accelerated Baccalaureate Degree Nursing Program

- **San Francisco State University Baccalaureate Degree and Entry Level Master's Degree Nursing Programs.**

Dr. Lynette Landry, Director of the School of Nursing.

The continuing approval visit to the San Francisco State University programs was completed in November 2011. Findings for the areas of non-compliance were related to CCR Sections 1427(a) and (c) (1)-(6) Clinical Facilities. The program submitted a response to the findings in February 2012 that was then presented to the Education/Licensing Committee at its October 30, 2012, meeting. Compliance with CCR 1427(c) had not yet been achieved, but was in progress. The Committee recommended to Defer Action on the Continued Approval, and the Board so acted at its November 28, 2012 meeting

The Director and faculty have continued to work to correct the areas of non-compliance. The finding now is that the program is placing students in clinical facilities that either have agreements in place that address the regulation's components or have signed an amendment developed and referred to as "BRN Amendment" on the contract chart. In its report February 2012, SFSU stated "As contracts are renewed the required language is embedded in the new contract language negating the need to obtain an additional signed document from the agency." There is now a Clinical Placement Coordinator for the Nursing Program who, with either the program's administrative team or director, will coordinate the Program's work with the University's Procurement Office which has responsibility for overseeing these agreements on behalf of the University. The program is now in compliance with CCR 1427 Clinical Facilities.

ACTION: Continue Approval of San Francisco State University Baccalaureate and Entry Level Master's Degree Programs.

- **American River College Associate Degree Nursing Program.**

Ms. Victoria Maryatt, MSN, RN, Program Director.

American River College is one of four colleges in the Los Rios Community College District in the Sacramento area. The college is accredited by the Accrediting Commission for Community and Junior Colleges (ACCJC/WASC). The first nursing class graduated in 1970. Victoria Maryatt, MSN, RN, has served as director since 2003 and is also responsible for the college's Nursing Assistant/Home Health Aide and Healthcare Interpreter certificate programs. Susan Peterson, MSN, RN, is the assistant director. A continuing approval visit was conducted on December 4-6, 10, 2012 by Kelly McHan, Nursing Education Consultant. The program was found to be in compliance with nursing regulation and BRN guidelines. Two recommendations were made: CCR 1426 (d) Curriculum and CCR 1427(c)(5) with reference to 1424(b)(1) Clinical Facilities; Evaluation, for which the program submitted a written plan.

Currently the program admits 43 students into the generic program each fall and spring semesters. Eligible vocational nurses and psychiatric technicians may apply for admission into the third semester following completion of prerequisites through the Career Mobility Program. An exceptional cadre of experienced and stable faculty worked through committees to submit an exemplary self-study. Believing that the Total Program Evaluation Plan should consist of more than a collection of data, the faculty has developed an evaluation process that results in detailed analysis of program elements along with a continuous action plan. Curriculum constructs and threads incorporate the Standards of Competent Performance as well as other current standards in nursing education and are leveled throughout the

program. Students benefit from a variety of clinical experiences in multiple acute facilities. The program enjoys a positive reputation in the community. Attrition rates for academic years 2007/2008 through 2010/2011 range from 25% to 36%, while the permanent exit rates remain under 20%. The program has developed and will implement a multi-criterion selection process for fall 2013 admissions which is expected to improve attrition rates. NCLEX-RN pass rate: 2008-09 91.53%; 2009-10 92.23%; 2010-11 90.53%; 2011-12 95%.

ACTION: Continue Approval of American River College Associate Degree Nursing Program

- **Santa Ana College Associate Degree Nursing Program.**

Ms. Mary Steckler, MSN, RN, Assistant Director.

Becky Miller, MSN, RN, Associate Dean of Health Sciences/Nursing has served as the program director since July 5, 2005. Two Assistant Directors work with Ms. Miller: Mary Steckler, MSN, RN, Department Chair/Skills Lab Coordinator, and Regina Giroux, DNSC, RN, Assistant Director for the Extended Campus. On December 4 and 5, 2012, Carol Mackay, Gloria Middleton and Badrieh Caraway, NECs, conducted the regularly scheduled continuing approval visit at SAC. The program was found to be in compliance with Board rules and regulations.

Santa Ana College (SAC), founded in 1915, is one of the two colleges in the Rancho Santiago Community College District (RSCCD) and is accredited by WASC. The college is in the middle of Orange County with boundaries that include the cities of Santa Ana, Orange, Tustin, and Garden Grove. The nursing program at SAC is NLNAC accredited. The last NLNAC accreditation visit occurred in 2007, and SAC attained an eight year re-accreditation status.

The traditional program offered on the SAC campus is delivered over 16 weeks. Clinical rotations are mainly arranged in 8-12 hour format once or twice per week. Theory courses are scheduled on two weekdays during the day. The Extended Campus Program (ECP) began in fall 2003. Alternative scheduling in an evening/weekend format is offered at the ECP campus in 16-21 week semesters, depending on particular content of the semester. Clinical rotations in 12 hour formats are arranged on Saturdays, or every other Saturday and Sunday. The ECP theory courses are scheduled on Thursday evenings. During the fourth semester, students from the traditional and ECP programs merge for the theory course which is offered two days per week. All clinical rotations in the fourth semester are 12 hours one day per week for 12 weeks, followed by 96 hour preceptorship over 4 weeks. The ECP has been highly successful in providing students the opportunity to complete the program via an evening/weekend schedule while working. There is ample classroom, skills lab and faculty office space on the extended campus site.

The nursing department was awarded the Center for Nursing Expansion and innovation grant (CFN), a workforce investment Act grant (WIA), in October, 2005. The five-year grant had the goals of increasing enrollment, providing NCLEX-RN review course to graduates and repeat test takers, and providing education for preceptors. Multiple sources of funding resulted in over \$6 million in funds. The grant was scheduled to end in 2010. Due to program success, the nursing department was awarded the second CFN for 2010-2014. In spring 2011, the nursing department was notified of the possible defunding of the second CFN grant due to state and federal economic situation. Santa Ana College made the decision and commitment to continue funding the students in progress. It was later determined that the California Community College Chancellor's Office will be able to fund the cost of students until June 2013. The admission process will change in fall 2013 to use of multi-criteria screening for selection of the spring 2014 admitting class.

A major curriculum change to investigate and incorporate Quality and Safety Education for Nurses (QSEN) is scheduled for implementation in fall, 2015. It is evident that faculty are working as a cohesive work group and consistently maintaining high standards of educational rigor across the curriculum. Faculty effectively described use of the program content experts across the curriculum and the ongoing improvements made in instruction based on use of evaluative data. The faculty has also developed a group peer review of each level of instruction. Simulation opportunities have been implemented into every level of the program. In general, the collective responses of students indicate high levels of satisfaction with the program. Faculty are viewed as knowledgeable and competent, as well as supportive of students and committed to student success. Annual pass rates from July, 2010- June, 2012 have ranged between 88.06 % to 92.16%. The standardized testing changed from ATI predictive test to Kaplan in 2010, and it is utilized throughout the nursing program.

SAC has consistently demonstrated excellence as a pre-licensure RN nursing education program and the site visit evidence validates the program's ability to sustain the educational rigor while being committed to student success. There is a strong commitment by the faculty and the administration team to maintain the high standards at the program. The program continues to have an outstanding reputation in the communities it serves. Employment opportunities for graduates remain excellent.

ACTION: Continue Approval of Santa Ana College Associate Degree Nursing Program.

B. DEFER ACTION TO CONTINUE APPROVAL OF PRELICENSURE NURSING PROGRAM

- **California State University, San Bernardino, Baccalaureate Degree Nursing Program (San Bernardino and Palm Desert Campuses).**

Dr. Jean Nix, Program Director; Dr. Asma Taha, Assistant Program Director; Dr. Dwight Sweeney, Interim Chair; Dr. Kirsten Fleming, Dean; Dr. Andrew Bodman, Provost and Vice President.

On November 19-21, 2012, Badrieh Caraway and Carol Mackay, NECs, conducted a continuing approval visit at CSUSB, BSN program. The program was found to be in non-compliance with nine of the BRN's regulations. There were no recommendations.

The program attracts culturally and ethnically diverse students. At the time of the visit, a total of 350 students were enrolled: 288 students on the San Bernardino (SB) campus and 62 students on the Palm Desert (PD) campus. For the past two years, fifty students were admitted to the SB campus in the fall and spring semester. The number of students admitted to the PD campus is contingent on support from the Desert Health Care District, as the PD campus does not receive state funding. In 2010-2011, 22 students were admitted at PD. This year 18 students were admitted.

The PD campus is new with state-of-the-art classrooms and skills/simulation lab. The SB campus has a new state-of-the-art skills/simulation/computer lab; however, there is insufficient large classroom space to accommodate its nursing theory courses.

The program has implemented various strategies to assist in student retention and success: changes to admission criteria, curriculum revisions, faculty development, implementation of ATI, and grant funded tutoring/mentoring. Attrition ranges from 10.2% - 2.1% (2204-2011). The Annual NCLEX pass rate ranged from 77.5% in 2005-2006 to 81.48% in 2011-2012.

Since 2004, there have been multiple changes in nursing leadership in the program (three different program directors) and in campus administration. The preparation of the Self Study (SS) for the visit was a major challenge for the director and faculty. Many important supportive documents were missing and an outdated format/information was submitted. This resulted in the initial SS being returned and a revised SS being prepared in a short period of time. Overtime, the lack of strong leadership in the program director position has resulted in many of the areas of non-compliance identified on this visit: for example, multiple curriculum changes have been implemented without BRN approval; students were assigned to a new clinical agency fall 2012 without a signed clinical contract or BRN approval; and the 30-Unit Option was deleted from the nursing curriculum. On the visit, nursing leadership on the PD campus was also found to be deficient: the PD students reported frustration because they were experiencing difficulties in the program and they did not know who the nursing program administrator was in order to seek help.

Multiple areas of non-compliance related to faculty were identified on the visit: clinical faculty members, not BRN approved to teach geriatric nursing, are teaching this content; a clinical faculty member was teaching without BRN approval and upon review did not meet BRN requirements; a theory faculty member was teaching outdated material that did not match the textbook; the Skills Lab Coordinator position on the PD campus was vacant; and, there was no regularly scheduled time for teaching teams to confer, develop and discuss course student matters. Documentation of recent CE hours and work experience of faculty was also missing from the SS; hence, it was not possible to determine current expertise of faculty. The program reported difficulty finding qualified preceptors for its transition course at the end of its program. As a result, a student taking this course was placed in a hospital nursing education department for her clinical experience which does not meet the BRN regulation.

The university administration and the faculty are committed to student success and correcting the areas of non-compliance identified on the visit. A progress report (PR) was submitted on January 1, 2013. Actions correcting three areas of non-compliance were described: adequate classroom space on the SB campus and hiring of a Skills Lab Coordinator for the PD campus; sufficient number of preceptors for the transition course at the end of the curriculum; and, the contract and BRN approval for Desert Valley Hospital were obtained.

In addition to this corrective action, the PR presents plans for addressing the remaining areas of non-compliance. A search for a program director was initiated 9/15/2013 and is open until the position is filled. In addition, an existing assistant director at the program is being mentored for the director position. She currently has functioned as an assistant director for six months. A major curriculum change with a curriculum consultant is also planned to update the curriculum and reduce the total number of program units. The one area the PR does not satisfactorily address is the deficiencies identified related to team teaching (CCR Section 1424(g) Faculty Responsibilities).

ACTION: Defer Action to Continue Approval of California State University, San Bernardino, Baccalaureate Degree Nursing Program. Progress Report required to be presented at August 2013 Education/Licensing Committee meeting.

- **Merritt College Associate Degree Nursing Program**

Ms. Dawn Williams, MSN, RN, Program Director; Ms. Anita Black, Vice President – Instructional Programs; Dr. Norma Ambriz-Galaviz, President.

Dawn Williams, M.S.N., RN is the Program Director. The Assistant Director is Lynn Bratchett, M.S., M.B.A., RN. Merritt College is one of four colleges in the Peralta Community College District in Alameda County. Two colleges are in Oakland, one is in Alameda, and one in Berkeley. Merritt College

established its Registered Nursing Program and admitted its first class of students in 1961. Merritt College moved to its present site in the East Oakland hills in 1971. The program admits students once a year and currently has 57 students enrolled in the nursing program. Both the students and the faculty at Merritt College reflect the great diversity of the East Bay.

Kay Weinkam, NEC conducted the regularly scheduled continuing approval visit on November 19-21, 2012. Four areas of non-compliance were identified: CCR Section 1424(a) Philosophy; 1424(c) Administration; 1424(d) Resources; and 1427(c) Clinical Facilities. One recommendation was made related to Section 1424(b)(1) Total Program Evaluation. The program submitted a progress report dated January 31, 2013, which addressed the four areas of noncompliance and the recommendation. The letter and documents have been reviewed with the outcome being a finding that, although progress has been made during the two months since the approval visit, the program continues to be in non-compliance with CCR Section 1424(c), 1424(d), and 1427(c).

Due to the efforts of the director and a faculty member who previously served as director and developed grants for the program, the Nursing Program receives a substantial amount of support from grants. However funding agencies have been subject to the same economic downturn as the District and College, and this funding doesn't provide a predictable foundation for ongoing program support. The program will experience significant administrative changes in the near future due to the interim status of both the President and Vice President of Instruction, and the expected limited tenure of the Dean due to her commitment for two years to Merritt College.

The average licensing exam pass rate for first-time test takers from 2008-2009 to 2011-2012 is 96%. The rate is 100% for the 24 students whose results were reported for the quartiles of July through Sept and October through December 2012. The program maintains its own Web site, and its most recent minor curriculum change request dealt with two courses integrating both online and onsite classroom components. Since the last approval visit, the admissions process has been streamlined so that is more effective. The program now incorporates the State Chancellor's Model for evaluation of applications in its admissions process.

The program's strength is the commitment of its faculty to the success of the program and their creativity since the last approval visit in successfully addressing the low NCLEX scores of the past. The program now continues to focus on its remediation program for those students who score below 62% on the TEAS and continues to address improving the program's retention rate by its revision of the optional summer bridge course; the retention rate for those who took this class in 2011 was 100% and, in 2012, 90%.

ACTION: Defer Action to Continue Approval of Merritt College Associate Degree Nursing Program. Progress Report required to be presented at the October 2013 Education/Licensing Committee meeting.

C. APPROVE MAJOR CURRICULUM REVISION

• San Francisco State University Baccalaureate Degree Nursing Program.

Dr. Lynette Landry, Director of the School of Nursing.

San Francisco State University proposed a major curriculum revision to be effective, if Board-approved, fall 2013. The revision was approved by the University's Academic Senate on November 3, 2012.

In developing the proposal, faculty considered CCR Section 1426 Required Curriculum components as well as the American Association of Colleges of Nursing (AACN) *Essentials of Baccalaureate Education in Nursing* guidelines and the Commission on Collegiate Education in Nursing (CCNE) accreditation

standards. The program has provided representation at area meetings related to the integration of the Quality and Safety Education for Nurses (QSEN) knowledge, skills, and abilities competencies in nursing programs' curricula, and has used these competency categories as its framework for the curriculum. The areas are: patient centered care; teamwork and collaboration; evidence-based practice; quality improvement; safety; and informatics.

The nursing process is introduced in the health promotion and health assessment classes during the first semester. Students will then refine their use of the process in subsequent theory/practicum courses for the remaining three semesters of the program. As with the nursing process, basic intervention skills in preventive, remedial, supportive, and rehabilitative nursing are introduced in the first semester in the health assessment class (integrated theory/lab course). In 2nd and 3rd semester lab courses, students learn more intervention skills such as inserting catheters, IV management, NG management, wound care, etc. The labs are leveled, beginning with very basic assessments and interventions and then moving the students to the more complex interventions and assessments through the subsequent 2 semesters.

There are ten nursing courses, for a total of 47 semester units, which contain 24 units of theory and 23 units of clinical. This number of units exceeds the requirement for CCR Section 1426. The program has reduced the number of physical and behavioral science units from the previously approved 28 units to 18 and the communication units from 9 to 6. The total units for licensure are 71, with 49 other degree requirement units for award of the baccalaureate degree. As part of this revision, the program has also developed a course NURS530 Community Health and Global Perspectives so that the graduates will be eligible to apply for the Public Health certificate. The proposed curriculum will be offered over four, rather than the current five semesters. Students already enrolled in the program spring 2013 will graduate spring 2015 along with the students admitted under the new curriculum fall 2013.

ACTION: Approve Major Curriculum Revision for San Francisco State University Baccalaureate Degree Nursing Program

- **Merced College Associate Degree Nursing Program.**

Ms. Kitty Cazares, Program Director.

The major curriculum changes being proposed are based on evaluative feedback from students, in-depth faculty analysis of curriculum in concert with curriculum expert/consultant, Dr. Linda Caputi. The proposed changes are designed to strengthen program learning outcomes and respond to the institutional commitment to effectively facilitate transfer pathways leading to a BSN degree as outlined in AB 1295 and SB 1440. As a result of the three year curriculum revision process, the proposed curriculum changes are slated for implementation in Fall 2013 as summarized below:

- Revise the program philosophy, conceptual framework, terminal program goals/outcomes and course objectives/competencies/outcomes without substantive changes in the existing nursing course content, sequencing or course progression.
- Eliminate unnecessary duplications/redundancies in the program pre-requisite/degree course requirements and the nursing program of study.
- Reduce total CRL science units from 35 to 30 units by eliminating the stand alone human development (3 units) course. This content is now well integrated in core nursing courses, REGN 15, 24, 34, and 44. The units in math and chemistry/any Area B1 science will be reduced; Math C recommended (is 4 instead of 5 units- Math A) and chemistry/Area B1 course requirement (is now 3 instead of 4 units).
- Add Communication 4 course as an option along with Comm. 1 or 5; increase total communication units from 6 to 7 units; Eng 1A is now 4 instead of 3 units.

- Change history course requirement to any Area D2 course and the sociology requirement to any area D1 course.
- Reduce the total nursing units from 48 to 41 units. Total nursing theory will be decreased from 24 to 21 units and nursing clinical units from 24 to 20 units.
- Reduce the total number of Pharmacology units from 6 to 3 units; pharm is now re- numbered REGN 18; content from the former 1 unit series of pharm courses(REGN 26, 36, and 46) will be integrated into nursing core courses REGN 15, 24, 34, and 44.
- Add 1unit to REGN 24 OB theory content and 1unit of Peds theory content to REGN 34.
- Eliminate REGN 17, 27, 37, and 47 clinical skills courses; absorb desired clinical learning activities into newly numbered nursing core courses REGN 15, 24, 34, and 44; these core nursing courses combine theory and clinical components in each core course.
- Eliminate the two stand alone 1 unit leadership courses (REGN 38, 48); eliminate redundant content and move essential leadership content into REGN 15, 24, 34, and 44.
- Decrease total CRL and degree/graduation units from 89 to 78 units for the generic option and 81 units for the LVN to RN options as listed on the attached CRL/TCP forms.

ACTION: Approve Major Curriculum Revision for Merced College Associate Degree Nursing Program.

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.3

DATE: April 10, 2013

ACTION REQUESTED: 2011-2012 Regional Annual School Reports

REQUESTED BY: Michael Jackson, MSN, RN, Chairperson

BACKGROUND:

The Regional Annual School Reports present the historical analyses of nursing program data from the 2002-2003 BRN Annual School Survey through the 2011-2012 survey for the nine economic regions in California. Each region has a separate report. All data are presented in aggregate form, and describe the overall trends in these regions over the specified periods. The data items addressed include the numbers of nursing programs, enrollments, completions, retention rates, student and faculty census information, simulation centers and student access to clinical sites and experiences.

The nine regions include: (1) Northern California, (2) Northern Sacramento Valley, (3) Greater Sacramento, (4) Bay Area, (5) San Joaquin Valley, (7) Central Coast, (8) Southern California I (Los Angeles and Ventura Counties), (9) Southern California II (Orange, Riverside, and San Bernardino Counties), and (10) Southern Border Region. Counties within each region are detailed in the corresponding report. The Central Sierra (Region 6) does not have any nursing programs and was, therefore, not included in the analyses.

The San Francisco Bay Area Report (Region 4) is attached as a sample. Final reports will be made available to the public on the BRN website after review by the full Board.

NEXT STEPS: Make the information available to the public.

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Julie Campbell-Warnock
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California Board of Registered Nursing

2011-2012 Annual School Report

Data Summary and Historical Trend Analysis

A Presentation of Pre-Licensure Nursing Education Programs in California

Bay Area

March 22, 2013

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INTRODUCTION

Each year, the California Board of Registered Nursing (BRN) requires all pre-licensure registered nursing programs in California to complete a survey detailing statistics of their programs, students and faculty. The survey collects data from August 1 through July 31. Information gathered from these surveys is compiled into a database and used to analyze trends in nursing education.

The BRN commissioned the University of California, San Francisco (UCSF) to conduct a historical analysis of data collected from the 2001-2002 through the 2011-2012 survey. In this report, we present ten years of historical data from the BRN Annual School Survey. Data analyses were conducted statewide and for nine economic regions¹ in California, with a separate report for each region. All reports are available on the BRN website (<http://www.rn.ca.gov/>).

This report presents data from the 10-county Bay Area. Counties in the region include Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, and Sonoma. All data are presented in aggregate form and describe overall trends in the areas and over the times specified and, therefore, may not be applicable to individual nursing education programs. Additional data from the past ten years of the BRN Annual School Survey are available in an interactive database on the BRN website.

Beginning with the 2011-2012 Annual School Survey, certain questions were revised to allow schools to report data separately for satellite campuses located in regions different from their home campus. This change was made to more accurately report student and faculty data by region, but it has the result that data which were previously reported in one region are now being reported in a different region. This is important because changes in regional totals that appear to signal either an increase or a decrease may in fact be the result of a program reporting satellite campus data in a different region. Data tables impacted by this change will be footnoted. In these instances, comparing 2011-2012 data to the previous year is not recommended. When regional totals include satellite campus data from a program whose home campus is located in a different region, it will be listed in Appendix A.

¹ The nine regions include: (1) Northern California, (2) Northern Sacramento Valley, (3) Greater Sacramento, (4) Bay Area, (5) San Joaquin Valley, (7) Central Coast, (8) Los Angeles Area (Los Angeles and Ventura counties), (9) Inland Empire (Orange, Riverside, and San Bernardino counties), and (10) Southern Border Region. Counties within each region are detailed in the corresponding regional report. The Central Sierra (Region 6) does not have any nursing education programs and was, therefore, not included in the analyses.

DATA SUMMARY AND HISTORICAL TREND ANALYSIS²

This analysis presents pre-licensure program data from the 2011-2012 BRN School Survey in comparison with data from previous years of the survey. Data items addressed include the number of nursing programs, enrollments, completions, retention rates, new graduate employment, student and faculty census data, the use of clinical simulation, availability of clinical space, and student clinical practice restrictions.

Trends in Pre-Licensure Nursing Programs

Number of Nursing Programs

In 2011-2012, the Bay Area had a total of 30 pre-licensure nursing programs. Of these programs, 18 are ADN programs, 8 are BSN programs, and 4 are ELM programs. This represents the net loss of 1 ELM program over the previous year. Nearly three-quarters (73.3%) of pre-licensure nursing programs in the Bay Area are public. However, the share of public programs has been decreasing since 2004-2005, from a high of 78.6% (n=22) to its current share of 73.3% (n=22) in 2011-2012.

Number of Nursing Programs

	Academic Year									
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Total Nursing Programs*	27	27	28	28	29	30	30	30	31	30
ADN	16	16	16	16	17	18	18	18	18	18
BSN	7	7	7	7	7	7	7	7	8	8
ELM	4	4	5	5	5	5	5	5	5	4
Public	21	21	22	22	22	23	23	23	23	22
Private	6	6	6	6	7	7	7	7	8	8
Total Number of Schools	24	24	24	24	25	26	26	26	27	27

*Some schools admit students in more than one program. The number of nursing programs may be greater than the number of nursing schools in the region.

In 2011-2012 the share of nursing programs that partner with another nursing school decreased for the first time since 2006-2007. In 2011-2012, 40% (n=12) of Bay Area nursing programs collaborated with another program that offered a higher degree than offered at their own program.

	Academic Year						
	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Partnerships							
Schools that partner with another program that leads to a higher degree	7.4%	3.6%	10.3%	26.7%	43.3%	48.4%	40.0%
Total number of programs	27	28	29	30	30	31	30

*These data were collected for the first time in 2005-2006.

² 2011-2012 data may be influenced by satellite campus data being reported and allocated to their proper region for the first time in the 2011-2012 survey. Tables affected by this change are noted, and we caution the reader against comparing data collected in 2011-2012 with data collected in previous year's surveys.

Admission Spaces and New Student Enrollments

Pre-license nursing programs in the Bay Area reported a total 2,375 spaces available for new students in 2011-2012. These spaces were filled with a total of 2,545 students, which represents the ninth consecutive year pre-license nursing programs in the Bay Area enrolled more students than were spaces available. 43.3% (n=13) of programs reported that they overenrolled students and the most frequently reported reason for doing so was to account for attrition.

Availability and Utilization of Admission Spaces[†]

	<i>Academic Year</i>									
	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>	<i>2009-2010</i>	<i>2010-2011</i>	<i>2011-2012</i>
Spaces Available	1,806	1,869	2,060	2,193	2,319	2,368	2,513	2,152	2,523	2,375
New Student Enrollments	1,776	1,894	2,091	2,250	2,521	2,752	2,874	2,640	2,805	2,545
% Spaces Filled	98.3%	101.3%	101.5%	102.6%	108.7%	116.2%	114.4%	122.7%	111.2%	107.2%

[†]2011-2012 data may be influenced by the allocation of satellite campus data to another region

Bay Area nursing programs continue to receive more applications requesting entrance into their programs than can be accommodated. The increase in qualified applications, combined with the decrease in availability of space, is reflected in the 67.4% of qualified applications that were not accepted for admission in 2011-2012.

Student Admission Applications^{*†}

	<i>Academic Year</i>									
	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>	<i>2009-2010</i>	<i>2010-2011</i>	<i>2011-2012</i>
Qualified Applications	4,015	4,567	5,445	6,623	8,070	7,582	7,634	7,534	7,574	7,812
Accepted	1,776	1,894	2,091	2,250	2,521	2,752	2,874	2,640	2,805	2,545
Not Accepted	2,239	2,673	3,354	4,373	5,549	4,830	4,760	4,894	4,769	5,267
% Qualified Applications Not Accepted	55.8%	58.5%	61.6%	66.0%	68.8%	63.7%	62.4%	65.0%	63.0%	67.4%

*These data represent applications, not individuals. A change in the number of applications may not represent an equivalent change in the number of individuals applying to nursing school.

[†]2011-2012 data may be influenced by the allocation of satellite campus data to another region

Pre-license nursing programs in the Bay Area region enrolled 2,545 new students in 2011-2012. The distribution of new enrollments by program type was 44.4% ADN (n=1,130), 46.3% BSN (n=1,179), and 9.3% ELM (n=236). A majority of the new students enrolled at on the region's public programs, accounting for 56.9% (n=1,449) of total new student enrollments in 2011-2012.

New Student Enrollment by Program Type[†]

	<i>Academic Year</i>									
	<i>2002-2003</i>	<i>2003-2004</i>	<i>2004-2005</i>	<i>2005-2006</i>	<i>2006-2007</i>	<i>2007-2008</i>	<i>2008-2009</i>	<i>2009-2010</i>	<i>2010-2011</i>	<i>2011-2012</i>
New Student Enrollment	1,776	1,894	2,091	2,250	2,521	2,752	2,874	2,640	2,805	2,545
ADN	882	961	1,039	1,113	1,332	1,378	1,426	1,313	1,284	1,130
BSN	686	672	777	846	872	1,043	1,173	1,031	1,246	1,179
ELM	208	261	275	291	317	331	275	296	275	236
Private	428	560	592	664	764	900	1,042	1,037	1,189	1,096
Public	1,348	1,334	1,499	1,586	1,757	1,852	1,832	1,603	1,616	1,449

[†]2011-2012 data may be influenced by the allocation of satellite campus data to another region

Student Census Data

A total of 5,343 students were enrolled in a Bay Area pre-license nursing program as of October 15, 2012. The 2012 census of the region's programs indicates that 33.4% (n=1,786) of students were enrolled in ADN programs, 56.7% (n=3,029) in BSN programs, and 9.9% (n=528) in ELM programs.

Student Census Data*[†]

<i>Program Type</i>	<i>Year</i>									
	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>
ADN	1,660	1,661	1,885	1,621	1,935	2,208	2,176	2,072	1,964	1,786
BSN	1,927	1,971	2,251	2,431	2,179	2,556	2,790	2,890	2,851	3,029
ELM	338	487	472	422	586	601	592	542	664	528
Total Nursing Students	3,925	4,119	4,608	4,474	4,700	5,365	5,558	5,504	5,479	5,343

*Census data represent the number of students on October 15th of the given year

[†]2012 data may be influenced by the allocation of satellite campus data to another region

Student Completions

Program completions at Bay Area pre-licensure nursing programs totaled 2,148 in 2011-2012. The distribution of completions by program type was 44.7% ADN (n=961), 44.9% BSN (n=965), and 10.3% ELM (n=222).

Student Completions[†]

	<i>Academic Year</i>									
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Student Completions	1,305	1,423	1,595	1,752	1,788	2,193	2,319	2,424	2,341	2,148
ADN	703	787	821	903	863	993	1,055	1,148	1,124	961
BSN	443	474	569	639	697	973	979	986	1,017	965
ELM	159	162	205	210	228	227	285	290	200	222

[†]2011-2012 data may be influenced by the allocation of satellite campus data to another region

Retention and Attrition Rates

Of the 2,159 students scheduled to complete a Bay Area nursing program in the 2011-2012 academic year, 82.5% (n=1,781) completed the program on-time, 3.2% (n=68) are still enrolled, while 14.4% (n=310) dropped out or were disqualified from the program.

Student Retention and Attrition[†]

	<i>Academic Year</i>									
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Students Scheduled to Complete the Program	2,025	1,824	2,023	1,781	1,965	2,205	2,293	2,165	2,113	2,159
Completed On Time	1,599	1,455	1,496	1,427	1,591	1,746	1,827	1,717	1,688	1,781
Still Enrolled	146	132	120	101	137	153	158	153	100	68
Attrition	280	237	407	253	237	306	308	295	325	310
Completed Late [‡]								97	102	62
Retention Rate*	79.0%	79.8%	73.9%	80.1%	81.0%	79.2%	79.7%	79.3%	79.9%	82.5%
Attrition Rate**	13.8%	13.0%	20.1%	14.2%	12.1%	13.9%	13.4%	13.6%	15.4%	14.4%
% Still Enrolled	7.2%	7.2%	5.9%	5.7%	7.0%	6.9%	6.9%	7.1%	4.7%	3.2%

[†]2011-2012 data may be influenced by the allocation of satellite campus data to another region

*Retention rate = (students completing program on-time)/(students scheduled to complete)

**Attrition rate = (students dropped or disqualified who were scheduled to complete)/(students scheduled to complete)

[‡]Data were collected for the first time in the 2009-2010 survey. These completions are not included in the calculation of either the retention or attrition rates.

Note: Blank cells indicate the information was not requested in the given year.

Attrition rates among the region's pre-license nursing programs vary by program type. Average attrition rates are lowest among ELM programs and highest among ADN programs, and are also lower among private programs (13.5%) compared to public nursing programs (14.8%).

Attrition Rates by Program Type*†

Program Type	Academic Year									
	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
ADN	20.8%	14.4%	24.3%	18.9%	17.0%	21.0%	17.8%	18.4%	18.2%	19.3%
BSN	10.0%	13.0%	15.2%	10.5%	6.5%	6.3%	8.9%	7.2%	13.6%	10.4%
ELM	2.4%	5.4%	16.3%	5.0%	8.8%	5.5%	7.1%	7.2%	6.0%	5.1%
Private	7.6%	4.8%	19.2%	12.3%	9.6%	6.1%	10.2%	10.8%	17.7%	13.5%
Public	18.0%	16.2%	20.5%	15.0%	13.1%	17.2%	14.9%	14.7%	14.3%	14.8%

*Changes to the survey that occurred between 2003-2004 and 2005-2006 may have affected the comparability of these data over time.

†2011-2012 data may be influenced by the allocation of satellite campus data to another region

Retention and Attrition Rates for Accelerated Programs

The 2011-2012 average retention rate for accelerated programs in the Bay Area was 93.3%, which is much higher by comparison with traditional programs. Similarly, the average attrition rate was 1.5%, which is considerably lower than the average rate for traditional programs.

Student Retention and Attrition for Accelerated Programs*†

	Academic Year				
	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Students Scheduled to Complete the Program	222	254	332	261	223
Completed On Time	213	244	321	249	208
Still Enrolled	4	4	3	7	11
Attrition	5	6	8	5	4
Completed Late‡			8	6	14
Retention Rate**	95.9%	96.1%	96.7%	95.4%	93.3%
Attrition Rate***	2.3%	2.4%	2.4%	1.9%	1.5%
% Still Enrolled	1.8%	1.6%	0.9%	2.7%	4.2%

*Retention and attrition data for accelerated programs were collected for the first time in 2007-2008.

†2011-2012 data may be influenced by the allocation of satellite campus data to another region.

‡Data were collected for the first time in 2009-2010 survey. These completions are not included in the calculation of either the retention or attrition rates.

**Retention rate = (students completing program on-time)/(students scheduled to complete)

***Attrition rate = (students dropped or disqualified who were scheduled to complete)/(students scheduled to complete)

Note: Blank cells indicated that the applicable information was not requested in the given year.

Employment of Recent Nursing Program Graduates³

Hospitals represent the most frequently reported employment setting for recent graduates of pre-license programs in the Bay Area. In 2011-2012, the region's programs reported that 48.3% of employed recent graduates were working in a hospital setting. Programs also reported that slightly more than one-quarter of recent graduates (26.5%) had not found employment in nursing at the time of the survey. The 2011-2012 average regional share of new graduates employed in nursing in California was 54.0%.

Employment of Recent Nursing Program Graduates[†]

Employment Location	Academic Year							
	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Hospital	64.6%	76.5%	89.3%	84.5%	53.8%	42.7%	34.5%	48.3%
Long-term care facilities	0.5%	0.4%	0.8%	1.8%	13.4%	12.6%	12.3%	9.7%
Community/public health facilities	4.5%	1.9%	4.3%	1.0%	3.0%	1.8%	5.7%	4.8%
Other healthcare facilities	1.3%	1.4%	2.1%	1.5%	8.6%	5.4%	7.4%	7.3%
Other	0%	19.8%	11.5%	11.2%	43.7%	15.3%	14.3%	3.3%
Unable to find employment*						37.6%	41.8%	26.5%
In California	51.6%	71.6%	89.9%	89.8%	70.5%	75.6%	56.4%	54.0%

[†]2011-2012 data may be influenced by the allocation of satellite campus data to another region

*Data were added to the survey in 2009-2010

Note: Blank cells indicate the information was not requested in the given year

Clinical Simulation in Nursing Education

Between 8/1/11 and 7/31/12, all Bay Area nursing schools reported using clinical simulation⁴. As in the previous year, the most frequently reported reasons for why schools used a clinical simulation center in 2011-2012 were to standardize clinical experiences, to provide clinical experience not available in a clinical setting, and to check clinical competencies. Of the 27 schools that used clinical simulation centers in 2011-2012, 44.4% (n=12) plan to expand the center.

Reasons for Using a Clinical Simulation Center*	2007-08	2008-09	2009-10	2010-11	2011-12
To standardize clinical experiences	88.9%	76.9%	84.6%	92.6%	81.5%
To provide clinical experience not available in a clinical setting	88.9%	76.9%	80.8%	88.9%	81.5%
To check clinical competencies	55.6%	53.8%	76.9%	63.0%	63.0%
To make up for clinical experiences	44.4%	38.5%	46.2%	51.9%	48.1%
To increase capacity in your nursing program	22.2%	11.5%	7.7%	7.4%	7.4%
Number of schools that use a clinical simulation center	18	26	26	27	27

*These data were collected for the first time in 2006-2007. However, changes in these questions for the 2007-2008 administration of the survey and lack of confidence in the reliability of the 2006-2007 data prevent comparability of the data. Therefore, data prior to 2007-2008 are not shown.

³ Graduates whose employment setting was reported as "unknown" have been excluded from this table. In 2011-2012, on average, the employment setting was unknown for 39% of recent graduates.

⁴ Clinical simulation provides a simulated real-time nursing care experience using clinical scenarios and low to hi-fidelity mannequins, which allow students to integrate, apply, and refine specific skills and abilities that are based on theoretical concepts and scientific knowledge. It may include videotaping, de-briefing and dialogue as part of the learning process.

*Clinical Space & Clinical Practice Restrictions**

The number of Bay Area nursing programs that reported being denied access to a clinical placement, unit or shift decreased from 23 programs in 2010-2011 to 16 programs in 2011-2012. All 16 of these programs (53.3% of all programs) reported being denied access to clinical placements, while 40% (n=12) were denied access to a clinical unit. Just 23.3% (n=7) were denied access to a clinical shift in 2011-2012. Access to an alternative clinical site depended on the type of space denied. Less than a quarter (18.8%) of the programs that were denied access to clinical placements were offered an alternative by the clinical site. In contrast, 50% of programs that were denied access to clinical units and 100% of programs that were denied access to shifts were offered an alternative. The lack of access to clinical space resulted in a loss of 39 clinical placements, 25 units and 4 shifts, which affected 152 students.

Denied Clinical Space⁵	2010-11	2011-12
Programs Denied Clinical Placement	18	16
Programs Offered Alternative by Site	5	3
Placements Lost	112	39
Number of programs that reported	31	30
Programs Denied Clinical Unit	15	12
Programs Offered Alternative by Site	2	6
Units Lost	37	25
Number of programs that reported	31	30
Programs Denied Clinical Shift	10	7
Programs Offered Alternative by Site	7	7
Shifts Lost	11	4
Number of programs that reported	31	30
Total number of students affected	694	152 ⁶

*Data were collected for the first time in the 2009-2010 or 2010-2011 survey.

⁵ Some of these data were collected for the first time in 2009-2010. However, changes in these questions for the 2010-2011 administration of the survey prevent comparability of the data. Therefore, data prior to 2010-2011 are not shown.

⁶ Only 8 of the 16 programs that reported experiencing a loss of clinical placements, units, or shifts also reported the total number of students affected by the loss.

Staff nurse overload or insufficient qualified staff to manage students during their clinical placements was the most frequently reported reason why Bay Area programs were denied clinical space in 2011-2012. This marks a shift from previous years when competition for space was the most frequently cited reason for space being denied. In 2011-2012, clinical space being denied for reasons related to nurse residency programs, a facility seeking magnet status, or a change in the ownership or management of a facility saw the greatest increase compared with previous years.

Reasons for Clinical Space Being Unavailable*	2009-10	2010-11	2011-12
Competition for clinical space due to increase in number of nursing students in region	79.0%	73.9%	50.0%
Staff nurse overload or insufficient qualified staff	52.6%	65.2%	68.8%
Decrease in patient census	36.8%	43.5%	37.5%
Displaced by another program	63.2%	39.1%	31.3%
Closure, or partial closure, of clinical facility		26.1%	6.3%
No longer accepting ADN students	36.8%	17.4%	18.8%
Nurse residency programs	31.6%	13.0%	25.0%
Clinical facility seeking magnet status	47.4%	8.7%	18.8%
Change in facility ownership/management		8.7%	18.8%
Implementation of Electronic Health Records system			6.3%
Other	10.5%	17.4%	18.8%
Number of programs that reported	19	23	16

*Data were collected for the first time in the 2009-2010 or 2010-2011 survey.

Note: Blank cells indicate that the applicable information was not requested in the given year.

Although there were some differences by program type, staff nurse overload and competition for clinical space due to an increase in the number of nursing students in the region were most frequently cited by all program types as reasons for being denied access to clinical space in 2011-2012. BSN programs also frequently cited a decrease in patient census for a loss of clinical space.

Reasons for Clinical Space Being Unavailable, by Program Type, 2011-2012

Reasons for Clinical Space Being Unavailable	Program Type			
	ADN	BSN	ELM	Total
Competition for clinical space due to increase in number of nursing students in region	40.0%	60.0%	100%	50.0%
Staff nurse overload or insufficient qualified staff	60.0%	80.0%	100%	68.8%
Decrease in patient census	30.0%	60.0%	0%	37.5%
Displaced by another program	30.0%	40.0%	0%	31.3%
Closure, or partial closure, of clinical facility	10.0%	0%	0%	6.3%
No longer accepting ADN students	30.0%	0%	0%	18.8%
Nurse residency programs	20.0%	20.0%	100%	25.0%
Change in facility ownership/management	20.0%	0%	100%	18.8%
Clinical facility seeking magnet status	20.0%	0%	100%	18.8%
Implementation of Electronic Health Records system	0%	20%	0%	6.3%
Other	30.0%	0%	0%	18.8%
Number of programs that reported	10	5	1	16

Programs that lost access to clinical space were asked to report on the strategies used to cover the lost placements, sites, or shifts. The most frequently reported strategy (62.5%) was to replace the lost clinical space at the same clinical site. However, more than half of the programs also reported being able to replace lost space by adding a new clinical site (56.3%), or with replacement at a different site currently being used by the program (56.3%).

Strategies to Address the Loss of Clinical Space, 2011-2012*

Strategy to Address Lost Clinical Space	2011-12
Replaced lost space at same clinical site	62.5%
Replaced lost space at different site currently used by nursing program	56.3%
Added/replaced lost space with new site	56.3%
Clinical simulation	50.0%
Reduced student admissions	6.3%
Other	12.5%
Number of programs that reported	16

*Data were collected for the first time during the 2011-2012 survey.

33.3% (n=10) of pre-license nursing programs in the Bay Area reported an increase in out-of-hospital clinical placements in 2011-2012. This represents a decrease from the 45% (n=14) of nursing programs reporting an increase in out-of-hospital clinical placements in 2010-2011. The most frequently reported non-hospital site was a public health/community health agency (reported by 70% of all responding programs). Outpatient mental health/substance abuse services as well as skilled nursing or rehabilitation facilities were also frequently reported as alternative clinical placement sites.

Alternative Clinical Sites*	2010-11	2011-12
Public health or community health agency	57.1%	70.0%
Outpatient mental health/substance abuse	50.0%	50.0%
School health service (K-12 or college)	50.0%	30.0%
Skilled nursing/rehabilitation facility	42.9%	40.0%
Surgery center/ambulatory care center	35.7%	20.0%
Home health agency/home health service	28.6%	20.0%
Hospice	28.6%	30.0%
Medical practice, clinic, physician office	14.3%	30.0%
Renal dialysis unit	14.3%	10.0%
Case management/disease management	14.3%	0%
Occupational health or employee health service	7.1%	0%
Urgent care, not hospital-based	0%	0%
Correctional facility, prison or jail	0%	0%
Other		40.0%
Number of programs that reported	14	10

*Data collected for the first time in 2010-2011

Note: Blank cells indicate that the applicable information was not requested in the given year.

The number of Bay Area nursing schools reporting that pre-licensure students in their programs had encountered restrictions to clinical practice imposed on them by clinical facilities declined from 88.9% (n=24) of schools in 2010-2011 to 81.5% (n=22) of schools in 2011-2012. The most common types of restrictions students faced continued to be access to the clinical site due to a visit from the Joint Commission or another accrediting agency, and access to bar coding medication administration. Access to electronic medical records (63.6%, n=14) and patients due to staff workload (59.1%, n=13) were cited more frequently in 2011-2012 compared to previous years.

Common Types of Restricted Access for RN Students	2009-10	2010-11	2011-12
Clinical site due to visit from accrediting agency (Joint Commission)	72.7%	91.7%	77.3%
Bar coding medication administration	68.2%	70.8%	68.2%
Glucometers	40.9%	54.2%	22.7%
Student health and safety requirements		50.0%	31.8%
IV medication administration	36.4%	45.8%	31.8%
Electronic Medical Records	68.2%	41.7%	63.6%
Automated medical supply cabinets	54.5%	37.5%	40.9%.
Some patients due to staff workload		37.5%	59.1%
Alternative setting due to liability	22.7%	16.7%	27.3%
Direct communication with health team	18.2%	12.5%	9.1%
Number of schools that reported	22	24	22

Note: Blank cells indicated that the applicable information was not requested in the given year.

Faculty Census Data

On October 15, 2012 there were 788 total nursing faculty,⁷ 31.0% of whom (n=244) were full-time while 69.0% (n=544) were part-time. In addition, there were 133 vacant faculty positions in the Bay Area. These vacancies represent a 14.4% faculty vacancy rate. Faculty vacancy rates of 15% or higher were reported by approximately one-quarter of all programs in the Bay Area, with a small number of programs reporting vacancy rates of 20% or higher. The data suggest that high rates of retiring faculty may have been a factor. 43% of programs reported that 10% or more of the total number faculty had retired or left the program during the 2011-2012 academic year.

Faculty Census Data^{†8,9}

	Year									
	2003	2004	2005*	2006	2007*	2008	2009	2010	2011	2012
Total Faculty	533	579	623	652	802	855	836	875	932	788
Full-time	260	240	190	237	334	333	321	319	314	244
Part-time	273	339	201	415	466	522	515	556	618	544
Vacancy Rate**	5.8%	3.5%	5.5%	10.7%	4.8%	3.5%	3.9%	2.9%	4.1%	14.4%
Vacancies	33	21	36	78	40	31	34	26	40	133

[†]2011-2012 data may be influenced by the allocation of satellite campus data to another region

*The sum of full- and part-time faculty did not equal the total faculty reported in these years.

**Vacancy rate = number of vacancies/(total faculty + number of vacancies)

In 2011-2012, the majority (70.4%, n=19) of Bay Area nursing schools report that their faculty work overloaded schedules. 84.2% (n=16) of these schools pay the faculty extra for the overloaded schedule.

Overloaded Schedules for Faculty	Academic Year			
	2008-09	2009-10	2010-11	2010-11
Schools with overloaded faculty	17	17	21	19
Share of schools that pay faculty extra for the overload	94.1%	94.1%	90.5%	84.2%
Total number of schools	26	26	27	27

*Data were collected for the first time in 2008-2009

⁷ Since faculty may work at more than one school, the number of faculty reported may be greater than the actual number of individuals who serve as faculty in nursing schools in the region.

⁸ Census data represent the number of faculty on October 15th of the given year.

⁹ One program in the region did not report faculty data for the 2011-2012 survey.

Summary

Over the past decade, the number of Bay Area pre-license nursing programs has grown by 11.1%, from 27 programs in 2002-2003 to 30 programs in 2011-2012. Despite this overall growth, 2011-2012 saw the first decrease in the number of programs in the past decade, due to the loss of an ELM program. Since 2006-2007, the share of nursing programs that partner with other schools that offer programs that lead to a higher degree has increased from 3.6% to 40%.

Bay Area programs reported a total of 2,375 spaces available for new students in 2011-2012, which were filled with a total of 2,545 students. This represents the ninth consecutive year pre-licensure nursing programs in the Bay Area enrolled more students than were spaces available. Qualified applications to the region's programs in 2011-2012 totaled 7,812, 67.4% of which were not accepted for admission.

In 2011-2012, pre-license nursing programs in the Bay Area reported 2,148 completions, almost double the 1,305 completions reported in 2002-2003. However, if the current retention rate of 82.5% remains consistent, and if new student enrollments decline from their current level, the annual number of graduates from Bay Area nursing programs is likely to decline in future years. At the time of the survey, 26.5% of recent graduates from Bay Area RN programs were unable to find employment in nursing.

Clinical simulation has become widespread in nursing education, with all nursing schools in the Bay Area reporting using it in some capacity. It is seen by schools as an important tool for providing clinical experiences that are otherwise unavailable to students, standardizing students' clinical experiences, and monitoring clinical competencies. The importance of clinical simulation is underscored by data showing that over half of Bay Area programs are being denied access to clinical placement sites that were previously available to them, and that schools are increasing their number of out-of-hospital clinical placements. In addition, 81.5% of Bay Area nursing schools (n=22) reported that their students had faced restrictions to specific types of clinical practice during the 2011-2012 academic year.

Expansion in RN education has required nursing programs to hire more faculty to teach the growing number of students. Although the number of nursing faculty has increased significantly in the past ten years, faculty hires have not kept pace with the growth in Bay Area pre-licensure nursing programs. In 2011-2012, 133 faculty vacancies were reported, representing a faculty vacancy rate of 14.4%. Faculty vacancy rates of 15% or higher were reported by approximately one-quarter of all programs in the Bay Area, with a small number of programs reporting vacancy rates of 20% or higher.

APPENDICES

APPENDIX A – Bay Area Nursing Education Programs

ADN Programs (18)

Cabrillo College
Chabot College
City College of San Francisco
College of Marin
College of San Mateo
Contra Costa College
De Anza College
Evergreen Valley College
Gavilan College

Los Medanos College
Merritt College
Mission College
Napa Valley College
Ohlone College
Pacific Union College
Santa Rosa Junior College
Solano Community College
Unitek College

BSN Programs (8)

CSU East Bay
Dominican University of California
Holy Names University
Samuel Merritt University
San Francisco State University

Sonoma State University
University of San Francisco
The Valley Foundation School of Nursing at
San Jose State University

ELM Programs (4)

Samuel Merritt University
San Francisco State University
University of California San Francisco
University of San Francisco

APPENDIX B – BRN Education Issues Workgroup**BRN Education Issues Workgroup Members****Members**

Loucine Huckabay, Chair
Audrey Berman
Liz Close
Brenda Fong
Patricia Girczyc
Marilyn Herrmann
Deloras Jones
Stephanie Leach
Judy Martin-Holland
Tammy Rice

Organization

California State University, Long Beach
Samuel Merritt University
Sonoma State University
Community College Chancellor's Office
College of the Redwoods
Loma Linda University
California Institute for Nursing and Health Care
Kaiser Foundation Health Plan
University of California, San Francisco
Saddleback College

Ex-Officio Member

Louise Bailey

California Board of Registered Nursing

Project Manager

Julie Campbell-Warnock

California Board of Registered Nursing

BOARD OF REGISTERED NURSING
Education/Licensing Committee
Agenda Item Summary

AGENDA ITEM: 7.4

DATE: April 10, 2013

ACTION REQUESTED: Licensing Program Report

REQUESTED BY: Michael Jackson, MSN, RN, Chairperson
Education/Licensing Committee

BACKGROUND:

Program Update:

The Board of Registered Nursing Licensing Program is receiving applications for spring 2013 graduates. In March, we received 164 Individual Candidate Rosters from four California programs. Of the 164 rosters, 124 candidates are now eligible for the NCLEX-RN examination. The remaining 40 are not eligible for two reasons: pending enforcement issue(s) or the Board has not received an application.

With the impending conversion to the BreEZe system, and knowing delays could occur, an E-Blast was sent California nursing programs asking them to submit examination applications by April 24, 2013. We want sufficient time to process as many applications as possible, so the information will migrate to BreEZe.

Statistics:

The statistics for the last two fiscal years and the first eight months of fiscal year 2012/13 are attached.

There was a significant increase in the number of applications received for Nurse Practitioner Furnishing Number certification. This increase in can be attributed to a change in Business & Professions Code Section 2836.1, that no longer requires Nurse Practitioners to complete six-months of physician supervised furnishing experience prior to applying.

Issues:

The following countries are of concern to the Board. I have included a brief overview of the issue(s):

Cameroon and Nigeria:

Nursing programs were consistently diploma programs. Now the board is receiving transcripts reflecting BSN degrees. These BSN programs are three years in length, not the standard four years.

The documents (diplomas and transcripts) are inconsistent. We have requested information from the Ministry of Public Health asking about the inconsistencies, but have not received any response

China:

During the third year, the theoretical portion of nursing courses (geriatrics, medical-surgical, mental health/psychiatric nursing, obstetrics and pediatrics) and a minimal number of lab hours are completed. The clinical practice for the nursing courses is not completed until the fifth year.

Jamaica:

The Board is receiving questionable documents. When questionable documents are received staff contacts the school. In five confirmed cases, the school has informed staff the applicants in question were never enrolled in that schools' nursing program.

The Ministry of Health and the Kingston School of Nursing have the identical mailing address and if you want to request documents from this school, you send the request to a third address on the same street.

Mexico:

The Board has received verification that nursing programs are either three-years with one year of social service or four-years with one year of social service; however if the student is an American citizen they only complete 300 hours of social service.

We have applicants who completed a nursing program in less than three years; one student in 16 months, one in two years and five months, and one in two years. These students were given credit for course work, including nursing courses, completed at the vocational and nursing assistant levels.

Theoretical instruction and clinical practice are not current; for example; enrolled in Mother and Infant nursing from February to June. The Mother and Infant Clinical was from August to December.

Philippines:

The Board is now receiving clinical rotation schedules for previous graduates that meet our requirements. These "altered" documents are for applicants who were found to not meet concurrency requirements based on their clinical rotation schedule. Now the documents for the same applicants meet all concurrency requirements.

Sierra Leone:

Nursing schools were regulated by the Ministry of Health. Recently, documents were received indicating there is a Nursing Council regulated by the Ministry of Health and Sanitation; however, we have not been able to confirm the Nursing Council's existence. It is our understanding that the Nurses and Midwives Board regulates and licenses nurses and midwives in Sierra Leone.

Sierra Leone has only two nursing schools. The Board has no record of receiving any applications from one of the schools. We have received six (6) applications from graduates of the second

school and each transcript is different: some have the school stamp others do not; the school stamp varies in size and color, the color used in the school letter head name is in different colors, one transcript has the school's letterhead and school stamp pre-printed while the others do not. With these discrepancies, it is difficult for staff to know what is accurate. Staff has written to the school and there has been no response.

Taiwan:

Taiwan has four different types of nursing programs. Depending on the length of the program, the first two to three years the student completes the pre-requisites and theoretical portion of nursing courses. The fifth year is when the clinical training is completed.

The Board asked why clinical training is completed only in the fifth year and the response was either: over enrollment of students and no clinical placements; or because students can begin nursing school at such a young age (13 or 15) it was determined the students would benefit from additional training in nursing foundations. As with China, students complete minimal labs hours with theoretical instruction.

NEXT STEPS:

FISCAL IMPLICATIONS, IF ANY: None

PERSON TO CONTACT: Bobbi Pierce, Staff Services Manager 1
Licensing Standards and Evaluations
(916) 515-5258

**CALIFORNIA BOARD OF REGISTERED NURSING
LICENSING STATISTICS**

	FISCAL YEAR 2010/11			FISCAL YEAR 2011/12			FISCAL YEAR 2012/13 (July 1, 2012 to March 22, 2013)		
DESCRIPTIONS	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED	APPS RECEIVED	**APPS PENDNG	LICENSES & CERTS ISSUED	APPS RECEIVED	**APPS PENDING	LICENSES & CERTS ISSUED
REGISTERED NURSE – EXAMINATIONS ENDORSEMENTS & REPEATERS	34,559	5,933	23,150	37,226	4,725	22,853	21,740	10,292	17,057
CLINICAL NURSE SPECIALISTS	200	97	197	246	101	200	166	102	168
NURSE ANESTHETISTS	148	22	145	185	31	169	147	40	139
NURSE MIDWIVES	44	18	48	74	21	58	42	21	40
NURSE MIDWIFE FURNISHING NUMBER	23	6	23	37	4	37	41	9	37
NURSE PRACTITIONERS	838	263	917	1,273	248	1,161	888	139	987
NURSE PRACTITIONER FURNISHING NUMBER	699	65	751	894	149	857	1,262	207	1,164
PSYCH/MENTAL HEALTH LISTING	8	5	6	8	10	2	8	16	2
PUBLIC HEALTH NURSE	2,679	343	2,712	3,032	474	2,853	2,172	703	2,187

**Applications pending – Initial evaluation is complete; additional documentation required to complete file or applicant needs to register with testing vendor

BOARD OF REGISTERED NURSING
Legislative Committee
Agenda Item Summary

AGENDA ITEM: 8.1

DATE: April 10, 2013

ACTION REQUESTED: Positions on Bills of Interest to the Board, and any other Bills of Interest to the Board introduced during the 2013-2014 Legislative Session.

REQUESTED BY: Kay Weinkam, M.S., RN, CNS
Nursing Education Consultant

BACKGROUND:

Assembly Bills

AB 154

AB 186

AB 213

AB 259

AB 291

AB 361

AB 512

AB 555

AB 697

AB 705

AB 790

AB 859

AB 1017

AB 1057

Senate Bills

SB 271

SB 352

SB 430

SB 440

SB 532

SB 718

SB 723

SB 809

NEXT STEP: Place on Board agenda

FINANCIAL IMPACT, IF ANY: None

PERSON TO CONTACT: Kay Weinkam, NEC
(916) 574-7600

**BOARD OF REGISTERED NURSING
ASSEMBLY BILLS 2013-2014
April 10, 2013**

BILL #	AUTHOR	SUBJECT	COMM POSITION	BOARD POSITION	BILL STATUS
AB 154	Atkins	Abortion		Watch (2/6)	BP&CP
AB 186	Maienschein	Professions and vocations: military spouses: temporary licenses			BP&CP
AB 213	Logue	Healing arts: licensure and certification requirements: military experience			BP&CP
AB 259	Logue	Nursing: CPR in emergency situations			Health
AB 291	Nestande	California Sunset Review Committee			A&AR
AB 361	Mitchell	Medi-Cal: health homes for Medi-Cal enrollees			Health
AB 512	Rendon	Healing arts: licensure exemption			BP&CP
AB 555	Salas	Professions and vocations: military and veterans			BP&CP
AB 697	Gomez	Nursing education: service in state veterans' homes			Health
AB 705	Blumenfield	Combat to Care Act			BP&CP
AB 790	Gomez	Child Abuse Reporting			Public Safety
AB 859	Gomez	Professions and vocations: military medical personnel			Introduced
AB 1017	Gomez	Incoming telephone calls: messages			BP&CP
AB 1057	Medina	Professions and vocations: licenses: military service			BP&CP

Bold denotes a bill which was amended subsequent to the Board's position or is a new bill for Board consideration.

**BOARD OF REGISTERED NURSING
SENATE BILLS 2013-2014
April 10, 2013**

BILL #	AUTHOR	SUBJECT	COMM POSITION	BOARD POSITION	BILL STATUS
SB 271	Hernandez, E.	Associate Degree Nursing Scholarship Program			Health
SB 352	Pavley	Medical assistants: supervision			BP&ED
SB 430	Wright	Pupil health: vision appraisal: binocular function			Education
SB 440	Padilla	Public postsecondary education: Student Transfer Achievement Reform Act			Education
SB 532	De León	Professions and vocations: military spouses: temporary licenses			Rules
SB 718	Yee	Hospitals: workplace violence prevention plans			Health
SB 723	Correa	Veterans			L&IR
SB 809	DeSaulnier	Controlled substances: reporting			BP&ED

Bold denotes a bill which was amended subsequent to the Board's position or is a new bill for Board consideration.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Atkins	BILL NUMBER:	AB 154
SPONSOR:	California Women's Health Alliance: ACCESS Women's Health Justice American Civil Liberties Union of California Black Women for Wellness California Latinas for Reproductive Justice NARAL Pro-Choice California Planned Parenthood Affiliates of California	BILL STATUS:	Committee on Business, Professions and Consumer Protection
SUBJECT:	Abortion	DATE LAST AMENDED:	3/19/13

SUMMARY:

Existing law makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion.

Existing law also makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law, nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Committee of the Medical Board of California.

Existing law authorizes the Office of Statewide Health Planning and Development to designate experimental health workforce projects as approved projects that, among other things, teach new skills to existing categories of health care personnel. The office has designated a pilot project, known as the Access through Primary Care Project, relating to the provision of health care services involving pregnancy.

ANALYSIS:

This bill would state that it is the intent of the Legislature to enact legislation that would expand access to reproductive health care in California by allowing qualified health care professionals to perform early abortions.

As Amended 3/19/13:

The subject of the bill has been changed from *Healing arts: reproductive health care* to *Abortion*.

This bill would instead make it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques.

The bill would also require a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, in order to perform an abortion by aspiration techniques, and would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques.

The bill would delete the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures. The bill would also make technical, nonsubstantive changes.

BOARD POSITION: Watch (2/6/13)

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 154

Introduced by Assembly Member Atkins

January 22, 2013

~~An act relating to reproductive health care.~~ *An act to amend Section 2253 of, and to add Sections 734, 2725.4, and 3502.4 to, the Business and Professions Code, and to amend Section 123468 of the Health and Safety Code, relating to healing arts.*

LEGISLATIVE COUNSEL'S DIGEST

AB 154, as amended, Atkins. ~~Healing arts; reproductive health care.~~ *Abortion.*

Existing law makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a surgical abortion if the person does not have a valid license to practice as a physician and surgeon, or to assist in performing a surgical abortion without a valid license or certificate obtained in accordance with some other law that authorizes him or her to perform the functions necessary to assist in performing a surgical abortion. Existing law also makes it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform or assist in performing a nonsurgical abortion if the person does not have a valid license to practice as a physician and surgeon or does not have a valid license or certificate obtained in accordance with some other law authorizing him or her to perform or assist in performing the functions necessary for a nonsurgical abortion. Under existing law, nonsurgical abortion includes termination of pregnancy through the use of pharmacological agents.

Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses, including nurse practitioners and certified nurse-midwives, by the Board of Registered Nursing. Existing law, the Physician Assistant Practice Act, provides for the licensure and regulation of physician assistants by the Physician Assistant Committee of the Medical Board of California.

~~Existing law authorizes the Office of Statewide Health Planning and Development to designate experimental health workforce projects as approved projects that, among other things, teach new skills to existing categories of health care personnel. The office has designated a pilot project, known as the Access through Primary Care Project, relating to the provision of health care services involving pregnancy.~~

~~This bill would state that it is the intent of the Legislature to enact legislation that would expand access to reproductive health care in California by allowing qualified health care professionals to perform early abortions.~~

This bill would instead make it a public offense, punishable by a fine not exceeding \$10,000 or imprisonment, or both, for a person to perform an abortion if the person does not have a valid license to practice as a physician and surgeon, except that it would not be a public offense for a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if he or she holds a license or certificate authorizing him or her to perform the functions necessary for an abortion by medication or aspiration techniques. The bill would also require a nurse practitioner, certified nurse-midwife, or physician assistant to complete training, as specified, in order to perform an abortion by aspiration techniques, and would indefinitely authorize a nurse practitioner, certified nurse-midwife, or physician assistant who completed a specified training program and achieved clinical competency to continue to perform abortions by aspiration techniques. The bill would delete the references to a nonsurgical abortion and would delete the restrictions on assisting with abortion procedures. The bill would also make technical, nonsubstantive changes.

Because the bill would change the definition of crimes, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.
State-mandated local program: ~~no~~-yes.

The people of the State of California do enact as follows:

1 *SECTION 1. Section 734 is added to the Business and*
2 *Professions Code, to read:*

3 734. *It is unprofessional conduct for any nurse practitioner,*
4 *certified nurse midwife, or physician assistant to perform an*
5 *abortion pursuant to Section 2253, without prior completion of*
6 *training and validation of clinical competency.*

7 *SEC. 2. Section 2253 of the Business and Professions Code is*
8 *amended to read:*

9 2253. (a) Failure to comply with the Reproductive Privacy
10 Act (Article 2.5 (commencing with Section 123460) of Chapter 2
11 of Part 2 of Division 106 of the Health and Safety Code)—~~in~~
12 ~~performing, assisting, procuring or aiding, abetting, attempting,~~
13 ~~agreeing, or offering to procure an illegal abortion~~ constitutes
14 unprofessional conduct.

15 (b) (1) ~~A~~ *Except as provided in paragraph (2), a person is*
16 ~~subject to Sections~~ *Section 2052 and 2053 if he or she performs*
17 ~~or assists in performing a surgical~~ *an abortion, and at the time of*
18 ~~so doing, does not have a valid, unrevoked, and unsuspended~~
19 ~~license to practice as a physician and surgeon as provided in this~~
20 ~~chapter, or if he or she assists in performing a surgical abortion~~
21 ~~and does not have a valid, unrevoked, and unsuspended license or~~
22 ~~certificate obtained in accordance with some other provision of~~
23 ~~law that authorizes him or her to perform the functions necessary~~
24 ~~to assist in performing a surgical abortion.~~

25 (2) ~~A person is~~ *shall not be* ~~subject to Sections~~ *Section 2052*
26 ~~and 2053 if he or she performs or assists in performing a~~
27 ~~nonsurgical abortion, an abortion by medication or aspiration~~
28 ~~techniques in the first trimester of pregnancy, and at the time of~~
29 ~~so doing, does not have a valid, unrevoked, and unsuspended~~
30 ~~license to practice as a physician and surgeon as provided in this~~
31 ~~chapter, or does not have~~ *has a valid, unrevoked, and unsuspended*
32 ~~license or certificate obtained in accordance with some other~~
33 ~~provision of law, including, but not limited to, the Nursing Practice~~

1 Act (Chapter 6 (commencing with Section 2700)) or the Physician
2 Assistant Practice Act (Chapter 7.7 (commencing with Section
3 3500)), that authorizes him or her to perform or assist in performing
4 the functions necessary for a nonsurgical abortion: an abortion by
5 medication or aspiration techniques.

6 ~~(e) For purposes of this section, “nonsurgical abortion” includes~~
7 ~~termination of the use of pharmacological agents.~~

8 (c) In order to perform an abortion by aspiration techniques
9 pursuant to paragraph (2) of subdivision (b), a person shall comply
10 with Section 2725.4 or 3502.4.

11 SEC. 3. Section 2725.4 is added to the Business and Professions
12 Code, to read:

13 2725.4. (a) In order to perform an abortion by aspiration
14 techniques, a person with a license or certificate to practice as a
15 nurse practitioner or a certified nurse-midwife shall complete
16 training recognized by the Board of Registered Nursing. Beginning
17 January 1, 2014, and until January 1, 2016, the competency-based
18 training protocols established by Health Workforce Pilot Project
19 (HWPP) No. 171 through the Office of Statewide Health Planning
20 and Development shall be used.

21 (b) A nurse practitioner or certified nurse-midwife who has
22 completed training and achieved clinical competency through
23 HWPP No. 171 shall be authorized to perform abortions by
24 aspiration techniques.

25 SEC. 4. Section 3502.4 is added to the Business and Professions
26 Code, to read:

27 3502.4. (a) In order to receive authority from his or her
28 supervising physician and surgeon to perform an abortion by
29 aspiration techniques, a physician assistant shall complete training
30 either through training programs approved by the Physician
31 Assistant Board pursuant to Section 3513 or by training to perform
32 medical services which augment his or her current areas of
33 competency pursuant to Section 1399.543 of Title 16 of the
34 California Code of Regulations. Beginning January 1, 2014, and
35 until January 1, 2016, the training and clinical competency
36 protocols established by Health Workforce Pilot Project (HWPP)
37 No. 171 through the Office of Statewide Health Planning and
38 Development shall be used as training and clinical competency
39 guidelines to meet this requirement.

1 ***(b) The training protocols established by HWPP No. 171 shall***
2 ***be deemed to meet the standards of the Physician Assistant Board.***
3 ***A physician assistant who has completed training and achieved***
4 ***clinical competency through HWPP No. 171 shall be authorized***
5 ***to perform abortions by aspiration techniques.***

6 ***SEC. 5. Section 123468 of the Health and Safety Code is***
7 ***amended to read:***

8 ***123468. The performance of an abortion is unauthorized if***
9 ***either of the following is true:***

10 ***(a) The person performing ~~or assisting in performing~~ the***
11 ***abortion is not a health care provider authorized to perform ~~or~~***
12 ***~~assist in performing~~ an abortion pursuant to Section 2253 of the***
13 ***Business and Professions Code.***

14 ***(b) The abortion is performed on a viable fetus, and both of the***
15 ***following are established:***

16 ***(1) In the good faith medical judgment of the physician, the***
17 ***fetus was viable.***

18 ***(2) In the good faith medical judgment of the physician,***
19 ***continuation of the pregnancy posed no risk to life or health of the***
20 ***pregnant woman.***

21 ***SEC. 6. No reimbursement is required by this act pursuant to***
22 ***Section 6 of Article XIII B of the California Constitution because***
23 ***the only costs that may be incurred by a local agency or school***
24 ***district will be incurred because this act creates a new crime or***
25 ***infraction, eliminates a crime or infraction, or changes the penalty***
26 ***for a crime or infraction, within the meaning of Section 17556 of***
27 ***the Government Code, or changes the definition of a crime within***
28 ***the meaning of Section 6 of Article XIII B of the California***
29 ***Constitution.***

30 ***SECTION 1. ~~It is the intent of the Legislature to enact~~***
31 ***~~legislation that would expand access to reproductive health care~~***
32 ***~~in California by allowing qualified health care professionals to~~***
33 ***~~perform early abortions, provided that the functions are within the~~***
34 ***~~scope of their licenses.~~***

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Maienschein	BILL NUMBER:	AB 186
SPONSOR:	Maienschein	BILL STATUS:	Committee on Business, Professions and Consumer Protection
SUBJECT:	Professions and vocations: military spouses: temporary licenses	DATE LAST AMENDED:	

SUMMARY:

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Under existing law, licensing fees imposed by certain boards within the department are deposited in funds that are continuously appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

ANALYSIS:

This bill would authorize a board within the department to issue a provisional license to an applicant who qualifies for an expedited license pursuant to the above-described provision. The bill would require the provisional license to expire after 18 months.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 186

**Introduced by Assembly Member Maienschein
(Principal coauthor: Assembly Member Hagman)**

January 28, 2013

An act to amend Section 115.5 of the Business and Professions Code, relating to professions and vocations, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 186, as introduced, Maienschein. Professions and vocations: military spouses: temporary licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Under existing law, licensing fees imposed by certain boards within the department are deposited in funds that are continuously appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

This bill would authorize a board within the department to issue a provisional license to an applicant who qualifies for an expedited license

pursuant to the above-described provision. The bill would require the provisional license to expire after 18 months.

Vote: majority. Appropriation: yes. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 115.5 of the Business and Professions
2 Code is amended to read:
3 115.5. (a) A board within the department shall expedite the
4 licensure process for an applicant who meets both of the following
5 requirements:
6 (1) Supplies evidence satisfactory to the board that the applicant
7 is married to, or in a domestic partnership or other legal union
8 with, an active duty member of the Armed Forces of the United
9 States who is assigned to a duty station in this state under official
10 active duty military orders.
11 (2) Holds a current license in another state, district, or territory
12 of the United States in the profession or vocation for which he or
13 she seeks a license from the board.
14 (b) *For each applicant who is eligible for an expedited license*
15 *pursuant to subdivision (a), the board may provide a provisional*
16 *license while the board processes the application for licensure.*
17 *The provisional license shall expire 18 months after issuance.*
18 ~~(b)~~
19 (c) A board may adopt regulations necessary to administer this
20 section.

BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013

BILL ANALYSIS

AUTHOR:	Logue	BILL NUMBER:	AB 213
SPONSOR:	Logue	BILL STATUS:	Committee on Business, Professions and Consumer Protection
SUBJECT:	Healing arts: licensure and certification requirements: military experience	DATE LAST AMENDED:	

SUMMARY:

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Existing law requires the rules and regulations of these healing arts boards to provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of the particular profession or vocation regulated by the board. Under existing law, specified other healing arts professions are licensed or certified and regulated by the State Department of Public Health. In some instances, a board with the Department of Consumer Affairs or the State Department of Public Health approves schools offering educational course credit for meeting licensing or certification qualifications and requirements.

Under existing law, the Department of Veterans Affairs has specified powers and duties relating to various programs serving veterans. Under existing law, the Chancellor of the California State University and the Chancellor of the California Community Colleges have specified powers and duties relating to statewide health education programs.

ANALYSIS:

This bill would require a healing arts board within the Department of Consumer Affairs and the State Department of Public Health, upon the presentation of evidence by an applicant for licensure or certification, to accept education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements to receive a license or certificate if that education, training, or experience is equivalent to the standards of the board or department. If a board or the State Department of Public Health accredits or otherwise approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the bill would, not later than July 1, 2014, require those schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification, as specified.

With respect to complying with the bill's requirements and obtaining specified funds to support compliance with these provisions, this bill would require the Department of Veterans Affairs, the Chancellor of the California State University, and the Chancellor of the California Community Colleges to provide technical assistance to the healing arts boards within the Department of Consumer Affairs, the State Department of Public Health, and to the schools offering, or seeking to offer, educational course credit for meeting licensing qualifications and requirements.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 213

**Introduced by Assembly Member Logue
(Principal coauthor: Assembly Member Pan)**

January 31, 2013

An act to add Section 712 to the Business and Professions Code, and to add Section 131136 to the Health and Safety Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 213, as introduced, Logue. Healing arts: licensure and certification requirements: military experience.

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. Existing law requires the rules and regulations of these healing arts boards to provide for methods of evaluating education, training, and experience obtained in military service if such training is applicable to the requirements of the particular profession or vocation regulated by the board. Under existing law, specified other healing arts professions are licensed or certified and regulated by the State Department of Public Health. In some instances, a board with the Department of Consumer Affairs or the State Department of Public Health approves schools offering educational course credit for meeting licensing or certification qualifications and requirements.

This bill would require a healing arts board within the Department of Consumer Affairs and the State Department of Public Health, upon the presentation of evidence by an applicant for licensure or certification, to accept education, training, and practical experience completed by an applicant in military service toward the qualifications and requirements

to receive a license or certificate if that education, training, or experience is equivalent to the standards of the board or department. If a board or the State Department of Public Health accredits or otherwise approves schools offering educational course credit for meeting licensing and certification qualifications and requirements, the bill would, not later than July 1, 2014, require those schools seeking accreditation or approval to have procedures in place to evaluate an applicant's military education, training, and practical experience toward the completion of an educational program that would qualify a person to apply for licensure or certification, as specified.

Under existing law, the Department of Veterans Affairs has specified powers and duties relating to various programs serving veterans. Under existing law, the Chancellor of the California State University and the Chancellor of the California Community Colleges have specified powers and duties relating to statewide health education programs.

With respect to complying with the bill's requirements and obtaining specified funds to support compliance with these provisions, this bill would require the Department of Veterans Affairs, the Chancellor of the California State University, and the Chancellor of the California Community Colleges to provide technical assistance to the healing arts boards within the Department of Consumer Affairs, the State Department of Public Health, and to the schools offering, or seeking to offer, educational course credit for meeting licensing qualifications and requirements.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. This act shall be known and may be cited as the
- 2 Veterans Health Care Workforce Act of 2012.
- 3 SEC. 2. (a) The Legislature finds and declares all of the
- 4 following:
- 5 (1) Lack of health care providers continues to be a significant
- 6 barrier to access to health care services in medically underserved
- 7 urban and rural areas of California.
- 8 (2) Veterans of the United States Armed Forces and the
- 9 California National Guard gain invaluable education, training, and
- 10 practical experience through their military service.

1 (3) According to the federal Department of Defense, as of June
2 2011, one million veterans were unemployed nationally and the
3 jobless rate for post-9/11 veterans was 13.3 percent, with young
4 male veterans 18 to 24 years of age experiencing an unemployment
5 rate of 21.9 percent.

6 (4) According to the federal Department of Defense, during the
7 2011 federal fiscal year, 8,854 enlisted service members with
8 medical classifications separated from active duty.

9 (5) According to the federal Department of Defense, during the
10 2011 federal fiscal year, 16,777 service members who separated
11 from active duty listed California as their state of residence.

12 (6) It is critical, both to veterans seeking to transition to civilian
13 health care professions and to patients living in underserved urban
14 and rural areas of California, that the Legislature ensures that
15 veteran applicants for licensure by healing arts boards within the
16 Department of Consumer Affairs or the State Department of Public
17 Health are expedited through the qualifications and requirements
18 process.

19 (b) It is the intent of the Legislature to ensure that boards within
20 the Department of Consumer Affairs and the State Department of
21 Public Health and schools offering educational course credit for
22 meeting licensing qualifications and requirements fully and
23 expeditiously recognize and provide credit for an applicant's
24 military education, training, and practical experience.

25 SEC. 3. Section 712 is added to the Business and Professions
26 Code, to read:

27 712. (a) Notwithstanding any other provision of law, a board
28 under this division shall, upon the presentation of satisfactory
29 evidence by an applicant for licensure, accept the education,
30 training, and practical experience completed by the applicant as a
31 member of the United States Armed Forces or Military Reserves
32 of the United States, the national guard of any state, the military
33 reserves of any state, or the naval militia of any state, toward the
34 qualifications and requirements for licensure by that board if the
35 board determines that the education, training, or practical
36 experience is equivalent to the standards of the board.

37 (b) Not later than July 1, 2014, if a board under this division
38 accredits or otherwise approves schools offering educational course
39 credit for meeting licensing qualifications and requirements, the
40 board shall require a school seeking accreditation or approval to

1 submit to the board proof that the school has procedures in place
2 to evaluate, upon presentation of satisfactory evidence by the
3 applicant, the applicant's military education, training, and practical
4 experience toward the completion of an educational program that
5 would qualify a person to apply for licensure if the school
6 determines that the education, training, or practical experience is
7 equivalent to the standards of the board. A board that requires a
8 school to be accredited by a national organization shall not impose
9 requirements on the school that conflict with the standards of the
10 national organization.

11 (c) With respect to complying with the requirements of this
12 section including the determination of equivalency between the
13 education, training, or practical experience of an applicant and the
14 board's standards, and obtaining state, federal, or private funds to
15 support compliance with this section, the Department of Veterans
16 Affairs, the Chancellor of the California State University, and the
17 Chancellor of the California Community Colleges shall provide
18 technical assistance to the boards under this division and to the
19 schools under this section.

20 SEC. 4. Section 131136 is added to the Health and Safety Code,
21 to read:

22 131136. (a) Notwithstanding any other provision of law, the
23 department shall, upon the presentation of satisfactory evidence
24 by an applicant for licensure or certification in one of the
25 professions described in subdivision (b), accept the education,
26 training, and practical experience completed by the applicant as a
27 member of the United States Armed Forces or Military Reserves
28 of the United States, the national guard of any state, the military
29 reserves of any state, or the naval militia of any state, toward the
30 qualifications and requirements for licensure by the department if
31 the department determines that the education, training, or practical
32 experience is equivalent to the standards of the department.

33 (b) The following professions are subject to this section:

34 (1) Medical laboratory technician as described in Section 1260.3
35 of the Business and Professions Code.

36 (2) Clinical laboratory scientist as described in Section 1262 of
37 the Business and Professions Code.

38 (3) Radiologic technologist as described in Chapter 6
39 (commencing with Section 114840) of Part 9 of Division 104.

1 (4) Nuclear medicine technologist as described in Chapter 4
2 (commencing with Section 107150) of Part 1 of Division 104.

3 (5) Certified nurse assistant as described in Article 9
4 (commencing with Section 1337) of Chapter 2 of Division 2.

5 (6) Certified home health aide as described in Section 1736.1.

6 (7) Certified hemodialysis technician as described in Article
7 3.5 (commencing with Section 1247) of Chapter 3 of Division 2
8 of the Business and Professions Code.

9 (8) Nursing home administrator as described in Chapter 2.35
10 (commencing with Section 1416) of Division 2.

11 (c) Not later than July 1, 2014, if the department accredits or
12 otherwise approves schools offering educational course credit for
13 meeting licensing and certification qualifications and requirements,
14 the department shall require a school seeking accreditation or
15 approval to submit to the board proof that the school has procedures
16 in place to fully accept an applicant's military education, training,
17 and practical experience toward the completion of an educational
18 program that would qualify a person to apply for licensure or
19 certification if the school determines that the education, training,
20 or practical experience is equivalent to the standards of the
21 department. If the department requires a school to be accredited
22 by a national organization, the requirement of the department shall
23 not, in any way, conflict with standards set by the national
24 organization.

25 (d) With respect to complying with the requirements of this
26 section including the determination of equivalency between the
27 education, training, or practical experience of an applicant and the
28 department's standards, and obtaining state, federal, or private
29 funds to support compliance with this section, the Department of
30 Veterans Affairs, the Chancellor of the California State University,
31 and the Chancellor of the California Community Colleges shall
32 provide technical assistance to the department, to the State Public
33 Health Officer, and to the schools described in this section.

BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013

BILL ANALYSIS

AUTHOR:	Logue	BILL NUMBER:	AB 259
SPONSOR:	Logue	BILL STATUS:	Committee on Health
SUBJECT:	Nursing: CPR in emergency situations	DATE LAST AMENDED:	3/19/13

SUMMARY:

This bill was originally introduced on February 7, 2013, with the subject related to water user or users. It was amended to apply to Nursing on March 19th.

The Nursing Practice Act governs the licensing and regulation of professional nursing, and vests authority for enforcing the act in the Board of Registered Nursing within the Department of Consumer Affairs. Among other provisions, the act provides that a person licensed pursuant to the act who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person's employment is not liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care, except as specified. The act also authorizes the board to take disciplinary action against a certified or licensed nurse for unprofessional conduct, as described. A person who violates a provision of the act is guilty of a misdemeanor.

Existing law regulates health facilities, including skilled nursing facilities, intermediate care facilities, and congregate living health facilities. A person who violates these provisions is guilty of a crime, except as specified.

ANALYSIS:

This bill would make refusing to administer cardiopulmonary resuscitation in an emergency situation unprofessional conduct for purposes of the Nursing Practice Act, as specified. By creating a new crime, the bill would impose a state-mandated local program.

The bill would also provide that if a skilled nursing facility, an intermediate care facility, or a congregate living health facility implements or enforces a policy that prohibits a licensed professional nurse employed by the facility from administering cardiopulmonary resuscitation, that policy is void as against public policy. By creating a new crime relating to health care facilities, the bill would impose a state-mandated local program.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 259

Introduced by Assembly Member Logue

February 7, 2013

An act to amend Section ~~1215.6~~ 2762 of the ~~Water Business and Professions Code~~, and to add Section 1259.7 to the Health and Safety Code, relating to ~~water resources~~ nursing.

LEGISLATIVE COUNSEL'S DIGEST

AB 259, as amended, Logue. ~~Areas of origin: water user or users.~~
Nursing: CPR in emergency situations.

The Nursing Practice Act governs the licensing and regulation of professional nursing, and vests authority for enforcing the act in the Board of Registered Nursing within the Department of Consumer Affairs. Among other provisions, the act provides that a person licensed pursuant to the act who in good faith renders emergency care at the scene of an emergency which occurs outside both the place and the course of that person's employment is not liable for any civil damages as the result of acts or omissions by that person in rendering the emergency care, except as specified. The act also authorizes the board to take disciplinary action against a certified or licensed nurse for unprofessional conduct, as described. A person who violates a provision of the act is guilty of a misdemeanor.

Existing law regulates health facilities, including skilled nursing facilities, intermediate care facilities, and congregate living health facilities. A person who violates these provisions is guilty of a crime, except as specified.

This bill would make refusing to administer cardiopulmonary resuscitation in an emergency situation unprofessional conduct for purposes of the Nursing Practice Act, as specified. By creating a new crime, the bill would impose a state-mandated local program.

The bill would also provide that if a skilled nursing facility, an intermediate care facility, or a congregate living health facility implements or enforces a policy that prohibits a licensed professional nurse employed by the facility from administering cardiopulmonary resuscitation, that policy is void as against public policy. By creating a new crime relating to health care facilities, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

~~Existing law prohibits a protected area, as defined, from being deprived of the prior right to all the water reasonably required to adequately supply the beneficial needs of the protected area, or any of the inhabitants or property owners therein, by a water supplier exporting or intending to export water for use outside a protected area, as prescribed. Existing law provides that water users in a protected area have the right to purchase water made available by the construction of any works by a water supplier exporting or intending to export water for use outside the protected area, as specified. Existing law defines water user or users within a protected area for these purposes.~~

~~This bill would make a technical, nonsubstantive change to the definition of water user or users.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.
State-mandated local program: ~~no~~-yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 2762 of the Business and Professions
- 2 Code is amended to read:
- 3 2762. In addition to other acts constituting unprofessional
- 4 conduct within the meaning of this chapter it is unprofessional
- 5 conduct for a person licensed under this chapter to do any of the
- 6 following:

1 (a) Obtain or possess in violation of law, or prescribe, or except
2 as directed by a licensed physician and surgeon, dentist, or
3 podiatrist administer to himself or herself, or furnish or administer
4 to another, any controlled substance as defined in Division 10
5 (commencing with Section 11000) of the Health and Safety Code
6 or any dangerous drug or dangerous device as defined in Section
7 4022.

8 (b) Use any controlled substance as defined in Division 10
9 (commencing with Section 11000) of the Health and Safety Code,
10 or any dangerous drug or dangerous device as defined in Section
11 4022, or alcoholic beverages, to an extent or in a manner dangerous
12 or injurious to himself or herself, any other person, or the public
13 or to the extent that such use impairs his or her ability to conduct
14 with safety to the public the practice authorized by his or her
15 license.

16 (c) Be convicted of a criminal offense involving the prescription,
17 consumption, or self-administration of any of the substances
18 described in subdivisions (a) and (b) of this section, or the
19 possession of, or falsification of a record pertaining to, the
20 substances described in subdivision (a) of this section, in which
21 event the record of the conviction is conclusive evidence thereof.

22 (d) Be committed or confined by a court of competent
23 jurisdiction for intemperate use of or addiction to the use of any
24 of the substances described in subdivisions (a) and (b) of this
25 section, in which event the court order of commitment or
26 confinement is prima facie evidence of such commitment or
27 confinement.

28 (e) Falsify, or make grossly incorrect, grossly inconsistent, or
29 unintelligible entries in any hospital, patient, or other record
30 pertaining to the substances described in subdivision (a) ~~of this~~
31 ~~section.~~

32 (f) *Refuse to administer cardiopulmonary resuscitation in an*
33 *emergency situation, provided that the nurse is able to perform*
34 *the resuscitation. This subdivision does not apply if there is a “Do*
35 *not resuscitate” order in effect for the person upon whom the*
36 *resuscitation would otherwise be performed.*

37 SEC. 2. Section 1259.7 is added to the Health and Safety Code,
38 to read:

39 1259.7. *If a skilled nursing facility, an intermediate care*
40 *facility, or a congregate living health facility implements or*

1 enforces a policy that prohibits a licensed professional nurse
2 employed by the facility from administering cardiopulmonary
3 resuscitation, that policy is void as against public policy.

4 SEC. 3. No reimbursement is required by this act pursuant to
5 Section 6 of Article XIII B of the California Constitution because
6 the only costs that may be incurred by a local agency or school
7 district will be incurred because this act creates a new crime or
8 infraction, eliminates a crime or infraction, or changes the penalty
9 for a crime or infraction, within the meaning of Section 17556 of
10 the Government Code, or changes the definition of a crime within
11 the meaning of Section 6 of Article XIII B of the California
12 Constitution.

13 SECTION 1. ~~Section 1215.6 of the Water Code is amended to~~
14 ~~read:~~

15 ~~1215.6. For the purposes of this article, “water user or users”~~
16 ~~within a protected area means an appropriator or appropriators, a~~
17 ~~riparian user or users, or a groundwater user or users of water on~~
18 ~~land owned or controlled by the user within a protected area.~~

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Nestande	BILL NUMBER:	AB 291
SPONSOR:		BILL STATUS:	Committee on Accountability & Administrative Review
SUBJECT:	California Sunset Review Committee	DATE LAST AMENDED:	

SUMMARY:

Existing law establishes the Joint Sunset Review Committee, a legislative committee comprised of 10 Members of the Legislature, to identify and eliminate waste, duplication, and inefficiency in government agencies and to conduct a comprehensive analysis of every “eligible agency” for which a date for repeal has been established, to determine if the agency is still necessary and cost effective. Existing law requires each eligible agency scheduled for repeal to submit a report to the committee containing specified information. Existing law requires the committee to take public testimony and evaluate the eligible agency prior to the date the agency is scheduled to be repealed, and requires that an eligible agency be eliminated unless the Legislature enacts a law to extend, consolidate, or reorganize the agency. Existing law also requires the committee to review eligible agencies and evaluate and determine whether each has demonstrated a public need for its continued existence and to submit a report to the Legislature detailing whether an agency should be terminated, continued, or whether its functions should be modified.

ANALYSIS:

This bill would abolish the Joint Sunset Review Committee on January 1 or an unspecified year. The bill would, commencing on that same January 1, establish the California Sunset Review Commission within the executive branch to assess the continuing need for any agency, as defined, to exist. The commission would consist of 10 members, with 8 members appointed by the Governor and 2 Members of the Legislature each appointed by the Senate Committee on Rules and the Speaker of the Assembly, subject to specified terms. The commission would be under the direction of a director appointed by the commission members. The bill would require the commission to meet regularly and to work with each agency subject to review to evaluate the need for the agency to exist, identify required statutory, regulatory, or management changes, and develop legislative proposals to enact those changes. The bill would require the commission to prepare a report, containing legislative recommendations based on its agency review, to be submitted to the Legislature and would also require the commission to meet certain cost-savings standards within 5 years.

This bill would require an agency to submit a specified self-evaluation report to the commission prior to its review. The bill would require the Legislative Analyst’s Office to provide the commission with an estimate of the staffing needed to perform the commission’s work.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 291

Introduced by Assembly Member Nestande

February 11, 2013

An act to amend and repeal Sections 9147.7, 9148.50, 9148.51, and 9148.52 of, to amend, repeal, and add Section 9148.8 of, and to add Article 7.6 (commencing with Section 9147.9) to Chapter 1.5 of Part 1 of Division 2 of Title 2 of, the Government Code, relating to state government.

LEGISLATIVE COUNSEL’S DIGEST

AB 291, as introduced, Nestande. California Sunset Review Commission.

Existing law establishes the Joint Sunset Review Committee, a legislative committee comprised of 10 Members of the Legislature, to identify and eliminate waste, duplication, and inefficiency in government agencies and to conduct a comprehensive analysis of every “eligible agency” for which a date for repeal has been established, to determine if the agency is still necessary and cost effective. Existing law requires each eligible agency scheduled for repeal to submit a report to the committee containing specified information. Existing law requires the committee to take public testimony and evaluate the eligible agency prior to the date the agency is scheduled to be repealed, and requires that an eligible agency be eliminated unless the Legislature enacts a law to extend, consolidate, or reorganize the agency. Existing law also requires the committee to review eligible agencies and evaluate and determine whether each has demonstrated a public need for its continued existence and to submit a report to the Legislature detailing whether an

agency should be terminated, continued, or whether its functions should be modified.

This bill would abolish the Joint Sunset Review Committee on January 1 or an unspecified year. The bill would, commencing on that same January 1, establish the California Sunset Review Commission within the executive branch to assess the continuing need for any agency, as defined, to exist. The commission would consist of 10 members, with 8 members appointed by the Governor and 2 Members of the Legislature each appointed by the Senate Committee on Rules and the Speaker of the Assembly, subject to specified terms. The commission would be under the direction of a director appointed by the commission members. The bill would require the commission to meet regularly and to work with each agency subject to review to evaluate the need for the agency to exist, identify required statutory, regulatory, or management changes, and develop legislative proposals to enact those changes. The bill would require the commission to prepare a report, containing legislative recommendations based on its agency review, to be submitted to the Legislature and would also require the commission to meet certain cost-savings standards within 5 years.

This bill would require an agency to submit a specified self-evaluation report to the commission prior to its review. The bill would require the Legislative Analyst's Office to provide the commission with an estimate of the staffing needed to perform the commission's work.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 9147.7 of the Government Code is
- 2 amended to read:
- 3 9147.7. (a) For the purpose of this section, "eligible agency"
- 4 means any agency, authority, board, bureau, commission,
- 5 conservancy, council, department, division, or office of state
- 6 government, however denominated, excluding an agency that is
- 7 constitutionally created or an agency related to postsecondary
- 8 education, for which a date for repeal has been established by
- 9 statute on or after January 1, 2011.
- 10 (b) The Joint Sunset Review Committee is hereby created to
- 11 identify and eliminate waste, duplication, and inefficiency in
- 12 government agencies. The purpose of the committee is to conduct

1 a comprehensive analysis over 15 years, and on a periodic basis
2 thereafter, of every eligible agency to determine if the agency is
3 still necessary and cost effective.

4 (c) Each eligible agency scheduled for repeal shall submit to
5 the committee, on or before December 1 prior to the year it is set
6 to be repealed, a complete agency report covering the entire period
7 since last reviewed, including, but not limited to, the following:

8 (1) The purpose and necessity of the agency.

9 (2) A description of the agency budget, priorities, and job
10 descriptions of employees of the agency.

11 (3) Any programs and projects under the direction of the agency.

12 (4) Measures of the success or failures of the agency and
13 justifications for the metrics used to evaluate successes and failures.

14 (5) Any recommendations of the agency for changes or
15 reorganization in order to better fulfill its purpose.

16 (d) The committee shall take public testimony and evaluate the
17 eligible agency prior to the date the agency is scheduled to be
18 repealed. An eligible agency shall be eliminated unless the
19 Legislature enacts a law to extend, consolidate, or reorganize the
20 eligible agency. No eligible agency shall be extended in perpetuity
21 unless specifically exempted from the provisions of this section.
22 The committee may recommend that the Legislature extend the
23 statutory sunset date for no more than one year to allow the
24 committee more time to evaluate the eligible agency.

25 (e) The committee shall be comprised of 10 members of the
26 Legislature. The Senate Committee on Rules shall appoint five
27 members of the Senate to the committee, not more than three of
28 whom shall be members of the same political party. The Speaker
29 of the Assembly shall appoint five members of the Assembly to
30 the committee, not more than three of whom shall be members of
31 the same political party. Members shall be appointed within 15
32 days after the commencement of the regular session. Each member
33 of the committee who is appointed by the Senate Committee on
34 Rules or the Speaker of the Assembly shall serve during that
35 committee member's term of office or until that committee member
36 no longer is a Member of the Senate or the Assembly, whichever
37 is applicable. A vacancy on the committee shall be filled in the
38 same manner as the original appointment. Three Assembly
39 Members and three Senators who are members of the committee
40 shall constitute a quorum for the conduct of committee business.

1 Members of the committee shall receive no compensation for their
2 work with the committee.

3 (f) The committee shall meet not later than 30 days after the
4 first day of the regular session to choose a chairperson and to
5 establish the schedule for eligible agency review provided for in
6 the statutes governing the eligible agencies. The chairperson of
7 the committee shall alternate every two years between a Member
8 of the Senate and a Member of the Assembly, and the vice
9 chairperson of the committee shall be a member of the opposite
10 house as the chairperson.

11 (g) This section shall not be construed to change the existing
12 jurisdiction of the budget or policy committees of the Legislature.

13 (h) *This section shall remain in effect only until January 1, 20__,*
14 *and as of that date is repealed, unless a later enacted statute, that*
15 *is enacted before January 1, 20__, deletes or extends that date.*

16 SEC. 2. Article 7.6 (commencing with Section 9147.9) is added
17 to Chapter 1.5 of Part 1 of Division 2 of Title 2 of the Government
18 Code, to read:

19
20 Article 7.6. California Sunset Review Commission

21
22 9147.9. This article may be cited as the California Sunset
23 Review Commission Act.

24 9147.11. For the purpose of this section, the following
25 definitions shall apply:

26 (a) "Agency" means any agency, authority, board, bureau,
27 commission, conservancy, council, department, division, or office
28 of state government, however denominated, excluding an agency
29 that is constitutionally created or an agency related to
30 postsecondary education.

31 (b) "Commission" means the California Sunset Review
32 Commission.

33 (c) "Act" means the California Sunset Review Commission Act.

34 9147.13. The California Sunset Review Commission is hereby
35 created within the executive branch of state government. The
36 commission shall be located in Sacramento.

37 9147.15. (a) The commission shall consist of 10 members.

38 (1) The Governor shall appoint 8 members to serve a term of
39 four years.

1 (2) The Senate Committee on Rules shall appoint one Member
2 of the Senate to serve a term of two years or until that Member is
3 no longer a Member of the Senate, whichever is applicable.

4 (3) The Speaker of the Assembly shall appoint one Member of
5 the Assembly to serve a term of two years or until that Member is
6 no longer a Member of the Assembly, whichever is applicable.

7 (b) The commission shall appoint a chairperson from its
8 members appointed pursuant to paragraph (1).

9 (c) The Members of the Legislature appointed to the commission
10 shall serve at the pleasure of the appointing power and shall
11 participate in the activities of the commission to the extent that
12 the participation is not incompatible with their respective positions
13 as Members of the Legislature.

14 (d) A vacancy on the commission shall be filled in the same
15 manner as the original appointment.

16 (e) (1) The members of the commission shall serve without
17 compensation, except that each member appointed by the Governor
18 shall receive fifty dollars (\$50) for each day's attendance at a
19 meeting of the commission.

20 (2) Each member shall be allowed actual expenses incurred in
21 the discharge of his or her duties, including travel expenses.

22 9147.17. (a) The commission shall be under the direction of
23 a director appointed by the commission members.

24 (b) The director shall employ sufficient staff to carry out the
25 commission's responsibilities.

26 (c) The Legislative Analyst's Office shall estimate the staffing
27 needed to manage the workload of the commission.

28 9147.19. (a) The commission shall serve in an advisory
29 capacity and shall meet regularly to assess and review the
30 continuing need for an agency to exist.

31 (b) Prior to the commission's review of an agency, the
32 commission staff shall work with each agency to evaluate the need
33 for the agency to exist, identify required statutory, regulatory, or
34 management changes, and develop recommendation for legislative
35 proposals to enact those changes. The commission shall also
36 consult with interest groups, affected agencies, and other interested
37 parties in reviewing an agency.

38 (c) In carrying out its duties pursuant to this section, the
39 commission shall evaluate an agency pursuant to the following
40 criteria, as applicable:

1 (1) The efficiency and effectiveness of the agency's operations.

2 (2) Whether the agency has been successful in achieving its
3 mission, goals, and objectives.

4 (3) Whether the agency performs duties that are not statutorily
5 authorized and, if so, identify the authority for those activities and
6 whether those activities are needed.

7 (4) Whether the agency has any authority related to fees,
8 inspections, enforcement, and penalties.

9 (5) Whether the agency's functions and operations could be less
10 burdensome or restrictive while still serving the public.

11 (6) Whether the functions of the agency could be effectively
12 consolidated or merged with another agency to promote efficiency
13 in government.

14 (7) Whether the agency's programs and jurisdiction duplicate
15 those of other state agencies.

16 (8) Whether the agency promptly and effectively addresses
17 complaints.

18 (9) Whether the agency utilizes public participation for
19 rulemaking and decisions and, if so, whether it is done in an
20 effective manner.

21 (10) Whether the agency complied with federal and state
22 requirements regarding equal employment, privacy rights, and
23 purchasing guidelines for underutilized businesses.

24 (11) Whether the agency effectively enforces rules regarding
25 the potential conflicts of interest of its employees.

26 (12) Whether abolishing the agency would cause federal
27 government intervention or loss of federal funds.

28 (13) Whether the agency's statutory reporting requirements
29 effectively fulfill a useful purpose; and whether there are reporting
30 requirements of this agency that are duplicative of other agencies
31 or can effectively be combined or consolidated into another agency
32 that has similar requirements.

33 (d) The commission shall take public testimony from agency
34 staff, interest groups, and affected parties relating to whether an
35 agency should continue in existence.

36 (e) (1) The commission shall prepare a staff report to be
37 submitted to the Legislature. The report shall include, but not be
38 limited to, specific recommendations to the Legislature to enact
39 legislation to do the following:

1 (A) Repeal unnecessary, outdated, or unnecessary statutes,
2 regulations, and programs.

3 (B) Develop reorganization plans that abolish and streamline
4 existing agencies, if needed.

5 (2) A report to the Legislature pursuant to this section shall be
6 submitted in compliance with Section 9795.

7 (3) This subdivision shall become inoperative on January 1,
8 2018, pursuant to Section 10231.5

9 9147.21. Prior to review by the commission, an agency shall
10 submit a self-evaluation report to the commission. The report shall
11 include, but not be limited to, the criteria described in subdivision
12 (c) of Section 9147.19.

13 9147.23. In order to ensure accountability, the commission
14 shall demonstrate a 5-to-1 cost savings within the first five years
15 of sunset review hearings, and every five years thereafter. For
16 every dollar it costs to run the commission, five dollars (\$5) shall
17 be saved in streamlining the government process and eliminating
18 unnecessary agencies.

19 9147.25. This article shall become operative on January 1,
20 20__.

21 SEC. 3. Section 9148.8 of the Government Code is amended
22 to read:

23 9148.8. (a) The appropriate policy committee of the Legislature
24 may evaluate a plan prepared pursuant to Section 9148.4 or 9148.6.
25 The chairperson of a policy committee may alternatively require
26 that the Joint Sunset Review Committee evaluate and provide
27 recommendations on any plan prepared pursuant to Section 9148.4
28 or 9148.6, or any other legislative issue or proposal to create a new
29 state board.

30 (b) The Joint Sunset Review Committee shall provide to the
31 respective policy and fiscal committees of the Legislature any
32 evaluation and recommendations prepared pursuant to this section.

33 (c) If an appropriate policy committee does not evaluate a plan
34 prepared pursuant to Section 9148.6, then the Joint Sunset Review
35 Committee shall evaluate the plan and provide recommendations
36 to the Legislature.

37 (d) *This section shall remain in effect only until January 1, 20__,*
38 *and as of that date is repealed, unless a later enacted statute, that*
39 *is enacted before January 1, 20__, deletes or extends that date.*

SEC. 4. Section 9148.8 is added to the Government Code, to read:

9148.8. (a) The appropriate policy committee of the Legislature may evaluate a plan prepared pursuant to Section 9148.4 or 9148.6. The chairperson of a policy committee may alternatively require that the California Sunset Review Commission evaluate and provide recommendations on any plan prepared pursuant to Section 9148.4 or 9148.6, or any other legislative issue or proposal to create a new state board.

(b) The California Sunset Review Commission shall provide to the respective policy and fiscal committees of the Legislature any evaluation and recommendations prepared pursuant to this section.

(c) If an appropriate policy committee does not evaluate a plan prepared pursuant to Section 9148.6, then the California Sunset Review Commission shall evaluate the plan and provide recommendations to the Legislature.

This section shall become operative on January 1, 20__.

SEC. 5. Section 9148.50 of the Government Code is amended to read:

9148.50. The Legislature finds and declares all of the following:

(a) California's multilevel, complex governmental structure today contains more than 400 categories of administrative or regulatory boards, commissions, committees, councils, associations, and authorities.

(b) These administrative or regulatory boards, commissions, committees, councils, associations, and authorities have been established without any method of periodically reviewing their necessity, effectiveness, or utility.

(c) As a result, the Legislature and residents of California cannot be assured that existing or proposed administrative or regulatory boards, commissions, committees, councils, associations, and authorities adequately protect the public health, safety, and welfare.

(d) This section shall remain in effect only until January 1, 20__, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 20__, deletes or extends that date.

SEC. 6. Section 9148.51 of the Government Code is amended to read:

9148.51. (a) It is the intent of the Legislature that all existing and proposed eligible agencies, as defined in subdivision (a) of Section 9147.7, be subject to review to evaluate and determine

1 whether each has demonstrated a public need for its continued
2 existence in accordance with enumerated factors and standards as
3 set forth in Article 7.5 (commencing with Section 9147.7).

4 (b) If any state board becomes inoperative or is repealed in
5 accordance with the act that added this section, any provision of
6 existing law that provides for the appointment of board members
7 and specifies the qualifications and tenure of board members shall
8 not be implemented and shall have no force or effect while that
9 state board is inoperative or repealed.

10 (c) Any provision of law authorizing the appointment of an
11 executive officer by a state board subject to the review described
12 in Article 7.5 (commencing with Section 9147.7), or prescribing
13 his or her duties, shall not be implemented and shall have no force
14 or effect while the applicable state board is inoperative or repealed.

15 (d) *This section shall remain in effect only until January 1, 20__,*
16 *and as of that date is repealed, unless a later enacted statute, that*
17 *is enacted before January 1, 20__, deletes or extends that date.*

18 SEC. 7. Section 9148.52 of the Government Code is amended
19 to read:

20 9148.52. (a) The Joint Sunset Review Committee established
21 pursuant to Section 9147.7 shall review all eligible agencies.

22 (b) The committee shall evaluate and make determinations
23 pursuant to Article 7.5 (commencing with Section 9147.7).

24 (c) Pursuant to an evaluation made as specified in this section,
25 the committee shall make a report which shall be available to the
26 public and the Legislature on whether an agency should be
27 terminated, or continued, or whether its functions should be revised
28 or consolidated with those of another agency, and include any
29 other recommendations as necessary to improve the effectiveness
30 and efficiency of the agency. If the committee deems it advisable,
31 the report may include proposed legislative proposals that would
32 carry out its recommendations.

33 (d) *This section shall remain in effect only until January 1, 20__,*
34 *and as of that date is repealed, unless a later enacted statute, that*
35 *is enacted before January 1, 20__, deletes or extends that date.*

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Mitchell	BILL NUMBER:	AB 361
SPONSOR:		BILL STATUS:	Committee on Health
SUBJECT:	Medi-Cal: Health homes for Medi-Cal enrollees	DATE LAST AMENDED:	

SUMMARY:

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law authorizes a state, subject to federal approval of a state plan amendment, to offer health home services, as defined, to eligible individuals with chronic conditions.

ANALYSIS:

This bill would authorize the department, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed, as authorized under federal law. This bill would provide that those provisions shall not be implemented unless federal financial participation is available and additional General Fund moneys are not used to fund the administration and service costs, except as specified. This bill would require the department to ensure that an evaluation of the program is completed, if created by the department, and would require that the department submit a report to the appropriate policy and fiscal committees of the Legislature within 2 years after implementation of the program.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 361

Introduced by Assembly Member Mitchell

February 14, 2013

An act to add Article 3.9 (commencing with Section 14127) to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 361, as introduced, Mitchell. Medi-Cal: Health Homes for Medi-Cal Enrollees and Section 1115 Waiver Demonstration Populations with Chronic and Complex Conditions.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid Program provisions. Existing federal law authorizes a state, subject to federal approval of a state plan amendment, to offer health home services, as defined, to eligible individuals with chronic conditions.

This bill would authorize the department, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed, as authorized under federal law. This bill would provide that those provisions shall not be implemented unless federal financial participation is available and additional General Fund moneys are not used to fund the administration and service costs, except as specified. This bill would require the department to ensure that an evaluation of the program is completed, if created by the department, and would require that the department submit a report to the appropriate policy

and fiscal committees of the Legislature within 2 years after implementation of the program.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) The Health Homes for Enrollees with Chronic Conditions
4 option (Health Homes option) under Section 2703 of the federal
5 Patient Protection and Affordable Care Act (Affordable Care Act)
6 (42 U.S.C. Sec. 1396w-4) offers an opportunity for California to
7 address chronic and complex health conditions, including social
8 determinants that lead to poor health outcomes and high costs
9 among Medi-Cal beneficiaries.

10 (b) For example, people who frequently use hospitals for reasons
11 that could have been avoided with more appropriate care incur
12 high Medi-Cal costs and suffer high rates of early mortality due to
13 the complexity of their conditions and, often, their negative social
14 determinants of health. Frequent users have difficulties accessing
15 regular or preventive care and complying with treatment protocols,
16 and the significant number who are homeless have no place to
17 store medications, cannot adhere to a healthy diet or maintain
18 appropriate hygiene, face frequent victimization, and lack rest
19 when recovering from illness.

20 (c) Increasingly, health providers are partnering with community
21 behavioral health and social services providers to offer a
22 person-centered interdisciplinary system of care that effectively
23 addresses the needs of enrollees with multiple chronic or complex
24 conditions, including frequent hospital users and people
25 experiencing chronic homelessness. These health homes help
26 people with chronic and complex conditions to access better care
27 and better health, while decreasing costs.

28 (d) Federal guidelines allow the state to access enhanced federal
29 matching rates for health home services under the Health Homes
30 option for multiple target populations to achieve more than one
31 policy goal.

1 SEC. 2. Article 3.9 (commencing with Section 14127) is added
2 to Chapter 7 of Part 3 of Division 9 of the Welfare and Institutions
3 Code, to read:

4
5 Article 3.9. Health Homes for Medi-Cal Enrollees and Section
6 1115 Waiver Demonstration Populations with Chronic and
7 Complex Conditions
8

9 14127. For the purposes of this article, the following definitions
10 shall apply:

11 (a) "Department" means the State Department of Health Care
12 Services.

13 (b) "Federal guidelines" means all federal statutes, and all
14 regulatory and policy guidelines issued by the federal Centers for
15 Medicare and Medicaid Services regarding the Health Homes for
16 Enrollees with Chronic Conditions option under Section 2703 of
17 the federal Patient Protection and Affordable Care Act (Affordable
18 Care Act) (42 U.S.C. Sec. 1396w-4), including the State Medicaid
19 Director Letter issued on November 16, 2010.

20 (c) (1) "Health home" means a provider or team of providers
21 designated by the department that satisfies all of the following:

22 (A) Meets the criteria described in federal guidelines.

23 (B) Offers a whole person approach, including, but not limited
24 to, coordinating other available services that address needs affecting
25 a participating individual's health.

26 (C) Offers services in a range of settings, as appropriate, to meet
27 the needs of an individual eligible for health home services.

28 (2) Health home partners may include, but are not limited to, a
29 health plan, community clinic, a mental health plan, a hospital,
30 physicians, a clinical practice or clinical group practice, rural health
31 clinic, community health center, community mental health center,
32 home health agency, nurse practitioners, social workers,
33 paraprofessionals, housing navigators, and housing providers.

34 (3) For purposes of serving the population identified in Section
35 14127.3, the department shall require a lead provider to be a
36 community clinic, a mental health plan, a community-based
37 nonprofit organization, a county health system, or a hospital.

38 (4) The department may determine the model of health home
39 it intends to create, including any entity, provider, or group of
40 providers operating as a health team, as a team of health care

1 professionals, or as a designated provider, as those terms are
2 defined in Sections 3502(c)(2) and 1945(h)(5) and (h)(6) of the
3 Affordable Care Act, respectively.

4 (d) “Homeless” has the same meaning as that term is defined
5 in Section 91.5 of Title 24 of the Code of Federal Regulations. A
6 “chronically homeless individual” means an individual whose
7 conditions limit his or her activities of daily living and who has
8 experienced homelessness for longer than a year or for four or
9 more episodes over three years. An individual who is currently
10 residing in transitional housing or who has been residing in
11 permanent supportive housing for less than two years shall be
12 considered a chronically homeless individual if the individual was
13 chronically homeless prior to his or her residence.

14 14127.1. Subject to federal approval, the department may do
15 all of the following to create a California Health Home Program,
16 as authorized under Section 2703 of the Affordable Care Act:

17 (a) Design, with opportunity for public comment, a program to
18 provide health home services to Medi-Cal beneficiaries and Section
19 1115 waiver demonstration populations with chronic conditions.

20 (b) Contract with new providers, new managed care plans,
21 existing Medi-Cal providers, existing managed care plans, or
22 counties to provide health home services, as provided in Section
23 14128.

24 (c) Submit any necessary applications to the federal Centers for
25 Medicare and Medicaid Services for one or more state plan
26 amendments to provide health home services to Medi-Cal
27 beneficiaries, to newly eligible Medi-Cal beneficiaries upon
28 Medicaid expansion under the Affordable Care Act, and, if
29 applicable, to Low Income Health Program (LIHP) enrollees in
30 counties with LIHPs willing to match federal funds.

31 (d) Except as specified in Section 14127.3, define the
32 populations of eligible individuals.

33 (e) Develop a payment methodology, including, but not limited
34 to, fee-for-service or per member, per month payment structures
35 that include tiered payment rates that take into account the intensity
36 of services necessary to outreach to, engage, and serve the
37 populations the department identifies.

38 (f) Identify health home services, consistent with federal
39 guidelines.

1 (g) The department may submit applications and operate, to the
2 extent permitted by federal law and to the extent federal approval
3 is obtained, more than one health home program for distinct
4 populations, different providers or contractors, or specific
5 geographic areas.

6 14127.2. (a) The department may design one or more state
7 plan amendments to provide health home services to children and
8 adults pursuant to Section 14127.1, and, in consultation with
9 stakeholders, shall develop the geographic criteria, beneficiary
10 eligibility criteria, and provider eligibility criteria for each state
11 plan amendment.

12 (b) (1) Subject to federal approval for receipt of the enhanced
13 federal match, services provided under the program established
14 pursuant to this article shall include all of the following:

15 (A) Comprehensive and individualized care management.

16 (B) Care coordination and health promotion, including
17 connection to medical, mental health, and substance use care.

18 (C) Comprehensive transitional care from inpatient to other
19 settings, including appropriate followup.

20 (D) Individual and family support, including authorized
21 representatives.

22 (E) Referral to relevant community and social services supports,
23 including, but not limited to, connection to housing for participants
24 who are homeless or unstably housed, transportation to
25 appointments needed to managed health needs, and peer recovery
26 support.

27 (F) Health information technology to identify eligible individuals
28 and link services, if feasible and appropriate.

29 (2) According to beneficiary needs, the health home provider
30 may provide less intensive services or graduate the beneficiary
31 completely from the program upon stabilization.

32 (c) (1) The department shall design a health home program
33 with specific elements to engage and serve eligible individuals,
34 and health home program outreach and enrollment shall specifically
35 focus on these populations.

36 (2) The department shall design program elements, including
37 provider rates specific to eligible populations defined by the
38 department pursuant to subdivision (d) of Section 14127.1 and
39 targeted beneficiaries described in Section 14127.3, if applicable,
40 after consultation with stakeholder groups who have expertise in

1 engagement and services for those individuals. The department
2 shall design the health home program with specific elements to
3 engage and serve these populations, and these populations shall
4 be a specific focus for health home program outreach and
5 enrollment.

6 14127.3. (a) If the department creates a health home program
7 pursuant to this article, the department shall determine whether a
8 health home program that targets adults is operationally viable.

9 (b) (1) In determining whether a health home program that
10 targets adults is operationally viable, the department shall consider
11 whether a state plan amendment could be designed in a manner
12 that minimizes the impact on the General Fund, whether the
13 department has the capacity to administer the program, and whether
14 a sufficient provider network exists for providing health home
15 services to the population described in this section.

16 (2) If the department determines that a health home program
17 that targets adults is operationally viable pursuant to paragraph
18 (1), then the department shall design a state plan amendment to
19 target beneficiaries who meet the criteria specified in subdivision
20 (c).

21 (3) (A) If the department determines a health home program
22 that targets adults is not operationally viable, then the department
23 shall report the basis for this determination, as well as a plan to
24 address the needs of the chronically homeless and frequent hospital
25 users to the appropriate policy and fiscal committees of the
26 Legislature.

27 (B) The requirement for submitting the report and plan under
28 subparagraph (A) is inoperative four years after the date the report
29 is due, pursuant to Section 10231.5 of the Government Code.

30 (c) A state plan amendment designed pursuant to this section
31 shall target beneficiaries who meet both of the following criteria:

32 (1) Have current diagnoses of chronic, cooccurring physical
33 health, mental health, or substance use disorders prevalent among
34 frequent hospital users at an acuity level to be determined by the
35 department.

36 (2) Have one or more of the following indicators of severity, at
37 a level to be determined by the department:

38 (A) Frequent inpatient hospital admissions, including
39 hospitalization for medical, psychiatric, or substance use related
40 conditions.

1 (B) Excessive use of crisis or emergency services.

2 (C) Chronic homelessness.

3 (d) (1) For the purposes of providing health home services to
4 targeted beneficiaries who meet the criteria in subdivision (c), the
5 department shall select designated health home providers, managed
6 care organizations subcontracting with providers, or counties acting
7 as or subcontracting with providers operating as a health home
8 team that have all of the following:

9 (A) Demonstrated experience working with frequent hospital
10 users.

11 (B) Demonstrated experience working with people who are
12 chronically homeless.

13 (C) The capacity and administrative infrastructure to participate
14 in the program, including the ability to meet requirements of federal
15 guidelines.

16 (D) A viable plan, with roles identified among providers of the
17 health home, to do all of the following:

18 (i) Reach out to and engage frequent hospital users and
19 chronically homeless eligible individuals.

20 (ii) Link eligible individuals who are homeless or experiencing
21 housing instability to permanent housing, such as supportive
22 housing.

23 (iii) Ensure coordination and linkages to services needed to
24 access and maintain health stability, including medical, mental
25 health, substance use care, and social services to address social
26 determinants of health.

27 (2) The department may design additional provider criteria to
28 those identified in paragraph (1) after consultation with stakeholder
29 groups who have expertise in engagement and services for targeted
30 beneficiaries described in this section.

31 (3) The department may authorize health home providers eligible
32 under this subdivision to serve Medi-Cal enrollees through a
33 fee-for-service or managed care delivery system, and shall allow
34 for both county-operated and private providers to participate in
35 the California Health Home program.

36 14127.4. (a) The department shall administer this article in a
37 manner that attempts to maximize federal financial participation,
38 consistent with federal law.

39 (b) This article shall not be construed to preclude local
40 governments or foundations from contributing the nonfederal share

1 of costs for services provided under this program, so long as those
2 contributions are permitted under federal law. The department, or
3 counties contracting with the department, may also enter into
4 risk-sharing and social impact bond program agreements to fund
5 services under this article.

6 (c) In accordance with federal guidelines, the state may limit
7 availability of health home or enhanced health home services
8 geographically.

9 14127.5. (a) If the department creates a health home program,
10 the department shall ensure that an evaluation of the program is
11 completed and shall, within two years after implementation, submit
12 a report to the appropriate policy and fiscal committees of the
13 Legislature.

14 (b) The requirement for submitting the report under subdivision
15 (a) is inoperative four years after the date the report is due, pursuant
16 to Section 10231.5 of the Government Code.

17 14127.6. (a) This article shall be implemented only if and to
18 the extent federal financial participation is available and the federal
19 Centers for Medicare and Medicaid Services approves any state
20 plan amendments sought pursuant to this article.

21 (b) Except as provided in subdivisions (c) and (d), this article
22 shall be implemented only if no additional General Fund moneys
23 are used to fund the administration and costs of services.

24 (c) Notwithstanding subdivision (b), prior to and during the first
25 eight quarters of implementation, if the department projects, based
26 on analysis of current and projected expenditures for health home
27 services, that this article can be implemented in a manner that does
28 not result in a net increase in ongoing General Fund costs for the
29 Medi-Cal program, the department may use state funds to fund
30 any program costs.

31 (d) Notwithstanding subdivision (b), if the department projects,
32 after the first eight quarters of implementation, that implementation
33 of this article has not resulted in a net increase in ongoing General
34 Fund costs for the Medi-Cal program, the department may use
35 state funds to fund any program costs.

36 (e) The department may use new funding in the form of
37 enhanced federal financial participation for health home services
38 that are currently funded to fund any additional costs for new health
39 home program services.

1 (f) The department shall seek to fund the creation,
2 implementation, and administration of the program with funding
3 other than state general funds.

4 (g) The department may revise or terminate the health home
5 program any time after the first eight quarters of implementation
6 if the department finds that the program fails to result in improved
7 health outcomes or results in substantial General Fund expense
8 without commensurate decreases in Medi-Cal costs among program
9 participants.

10 14128. (a) In the event of a judicial challenge of the provisions
11 of this article, this article shall not be construed to create an
12 obligation on the part of the state to fund any payment from state
13 funds due to the absence or shortfall of federal funding.

14 (b) For the purposes of implementing this article, the department
15 may enter into exclusive or nonexclusive contracts on a bid or
16 negotiated basis, and may amend existing managed care contracts
17 to provide or arrange for services under this article. Contracts may
18 be statewide or on a more limited geographic basis. Contracts
19 entered into or amended under this section shall be exempt from
20 the provisions of Chapter 2 (commencing with Section 10290) of
21 Part 2 of Division 2 of the Public Contract Code and Chapter 6
22 (commencing with Section 14825) of Part 5.5 of Division 3 of the
23 Government Code, and shall be exempt from the review or
24 approval of any division of the Department of General Services.

25 (c) (1) Notwithstanding Chapter 3.5 (commencing with Section
26 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
27 the department may implement, interpret, or make specific the
28 process set forth in this article by means of all-county letters, plan
29 letters, plan or provider bulletins, or similar instructions, without
30 taking regulatory action, until such time as regulations are adopted.
31 It is the intent of the Legislature that the department be provided
32 temporary authority as necessary to implement program changes
33 until completion of the regulatory process.

34 (2) The department shall adopt emergency regulations no later
35 than two years after implementation of this article. The department
36 may readopt, up to two times, any emergency regulation authorized
37 by this section that is the same as or substantially equivalent to an
38 emergency regulation previously adopted pursuant to this section.

39 (3) The initial adoption of emergency regulations implementing
40 this article and the readoptions of emergency regulations authorized

1 by this section shall be deemed an emergency and necessary for
2 the immediate preservation of the public peace, health, safety, or
3 general welfare. Initial emergency regulations and readoptions
4 authorized by this section shall be exempt from review by the
5 Office of Administrative Law. The initial emergency regulations
6 and readoptions authorized by this section shall be submitted to
7 the Office of Administrative Law for filing with the Secretary of
8 State and shall remain in effect for no more than 180 days, by
9 which time final regulations may be adopted.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Rendon	BILL NUMBER:	AB 512
SPONSOR:		BILL STATUS:	Committee on Business, Professions & Consumer Protection
SUBJECT:	Healing arts: licensure exemption	DATE LAST AMENDED:	

SUMMARY:

Existing law provides for the licensure and regulation of various healing arts practitioners by boards within the Department of Consumer Affairs. Existing law provides an exemption from these requirements for a health care practitioner licensed in another state who offers or provides health care for which he or she is licensed during a state of emergency, as defined, and upon request of the Director of the Emergency Medical Services Authority, as specified.

Existing law provides, until January 1, 2014, an exemption from the licensure and regulation requirements for a health care practitioner, as defined, licensed or certified in good standing in another state or states, who offers or provides health care services for which he or she is licensed or certified through a sponsored event, as defined, (1) to uninsured or underinsured persons, (2) on a short-term voluntary basis, (3) in association with a sponsoring entity that registers with the applicable healing arts board, as defined, and provides specified information to the county health department of the county in which the health care services will be provided, and (4) without charge to the recipient or a 3rd party on behalf of the recipient, as specified. Existing law also requires an exempt health care practitioner to obtain prior authorization to provide these services from the applicable licensing board, as defined, and to satisfy other specified requirements, including payment of a fee as determined by the applicable licensing board.

ANALYSIS:

This bill would delete the January 1, 2014, date of repeal, and instead allow the exemption to operate until January 1, 2018.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 512

Introduced by Assembly Member Rendon

February 20, 2013

An act to amend Section 901 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 512, as introduced, Rendon. Healing arts: licensure exemption.

Existing law provides for the licensure and regulation of various healing arts practitioners by boards within the Department of Consumer Affairs. Existing law provides an exemption from these requirements for a health care practitioner licensed in another state who offers or provides health care for which he or she is licensed during a state of emergency, as defined, and upon request of the Director of the Emergency Medical Services Authority, as specified.

Existing law provides, until January 1, 2014, an exemption from the licensure and regulation requirements for a health care practitioner, as defined, licensed or certified in good standing in another state or states, who offers or provides health care services for which he or she is licensed or certified through a sponsored event, as defined, (1) to uninsured or underinsured persons, (2) on a short-term voluntary basis, (3) in association with a sponsoring entity that registers with the applicable healing arts board, as defined, and provides specified information to the county health department of the county in which the health care services will be provided, and (4) without charge to the recipient or a 3rd party on behalf of the recipient, as specified. Existing law also requires an exempt health care practitioner to obtain prior authorization to provide these services from the applicable licensing

board, as defined, and to satisfy other specified requirements, including payment of a fee as determined by the applicable licensing board.

This bill would delete the January 1, 2014, date of repeal, and instead allow the exemption to operate until January 1, 2018.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 901 of the Business and Professions Code
2 is amended to read:

3 901. (a) For purposes of this section, the following provisions
4 apply:

5 (1) “Board” means the applicable healing arts board, under this
6 division or an initiative act referred to in this division, responsible
7 for the licensure or regulation in this state of the respective health
8 care practitioners.

9 (2) “Health care practitioner” means any person who engages
10 in acts that are subject to licensure or regulation under this division
11 or under any initiative act referred to in this division.

12 (3) “Sponsored event” means an event, not to exceed 10 calendar
13 days, administered by either a sponsoring entity or a local
14 government, or both, through which health care is provided to the
15 public without compensation to the health care practitioner.

16 (4) “Sponsoring entity” means a nonprofit organization
17 organized pursuant to Section 501(c)(3) of the Internal Revenue
18 Code or a community-based organization.

19 (5) “Uninsured or underinsured person” means a person who
20 does not have health care coverage, including private coverage or
21 coverage through a program funded in whole or in part by a
22 governmental entity, or a person who has health care coverage,
23 but the coverage is not adequate to obtain those health care services
24 offered by the health care practitioner under this section.

25 (b) A health care practitioner licensed or certified in good
26 standing in another state, district, or territory of the United States
27 who offers or provides health care services for which he or she is
28 licensed or certified is exempt from the requirement for licensure
29 if all of the following requirements are met:

30 (1) Prior to providing those services, he or she does all of the
31 following:

1 (A) Obtains authorization from the board to participate in the
2 sponsored event after submitting to the board a copy of his or her
3 valid license or certificate from each state in which he or she holds
4 licensure or certification and a photographic identification issued
5 by one of the states in which he or she holds licensure or
6 certification. The board shall notify the sponsoring entity, within
7 20 calendar days of receiving a request for authorization, whether
8 that request is approved or denied, provided that, if the board
9 receives a request for authorization less than 20 days prior to the
10 date of the sponsored event, the board shall make reasonable efforts
11 to notify the sponsoring entity whether that request is approved or
12 denied prior to the date of that sponsored event.

13 (B) Satisfies the following requirements:

14 (i) The health care practitioner has not committed any act or
15 been convicted of a crime constituting grounds for denial of
16 licensure or registration under Section 480 and is in good standing
17 in each state in which he or she holds licensure or certification.

18 (ii) The health care practitioner has the appropriate education
19 and experience to participate in a sponsored event, as determined
20 by the board.

21 (iii) The health care practitioner shall agree to comply with all
22 applicable practice requirements set forth in this division and the
23 regulations adopted pursuant to this division.

24 (C) Submits to the board, on a form prescribed by the board, a
25 request for authorization to practice without a license, and pays a
26 fee, in an amount determined by the board by regulation, which
27 shall be available, upon appropriation, to cover the cost of
28 developing the authorization process and processing the request.

29 (2) The services are provided under all of the following
30 circumstances:

31 (A) To uninsured or underinsured persons.

32 (B) On a short-term voluntary basis, not to exceed a
33 10-calendar-day period per sponsored event.

34 (C) In association with a sponsoring entity that complies with
35 subdivision (d).

36 (D) Without charge to the recipient or to a third party on behalf
37 of the recipient.

38 (c) The board may deny a health care practitioner authorization
39 to practice without a license if the health care practitioner fails to

1 comply with this section or for any act that would be grounds for
2 denial of an application for licensure.

3 (d) A sponsoring entity seeking to provide, or arrange for the
4 provision of, health care services under this section shall do both
5 of the following:

6 (1) Register with each applicable board under this division for
7 which an out-of-state health care practitioner is participating in
8 the sponsored event by completing a registration form that shall
9 include all of the following:

10 (A) The name of the sponsoring entity.

11 (B) The name of the principal individual or individuals who are
12 the officers or organizational officials responsible for the operation
13 of the sponsoring entity.

14 (C) The address, including street, city, ZIP Code, and county,
15 of the sponsoring entity's principal office and each individual listed
16 pursuant to subparagraph (B).

17 (D) The telephone number for the principal office of the
18 sponsoring entity and each individual listed pursuant to
19 subparagraph (B).

20 (E) Any additional information required by the board.

21 (2) Provide the information listed in paragraph (1) to the county
22 health department of the county in which the health care services
23 will be provided, along with any additional information that may
24 be required by that department.

25 (e) The sponsoring entity shall notify the board and the county
26 health department described in paragraph (2) of subdivision (d) in
27 writing of any change to the information required under subdivision
28 (d) within 30 calendar days of the change.

29 (f) Within 15 calendar days of the provision of health care
30 services pursuant to this section, the sponsoring entity shall file a
31 report with the board and the county health department of the
32 county in which the health care services were provided. This report
33 shall contain the date, place, type, and general description of the
34 care provided, along with a listing of the health care practitioners
35 who participated in providing that care.

36 (g) The sponsoring entity shall maintain a list of health care
37 practitioners associated with the provision of health care services
38 under this section. The sponsoring entity shall maintain a copy of
39 each health care practitioner's current license or certification and
40 shall require each health care practitioner to attest in writing that

1 his or her license or certificate is not suspended or revoked pursuant
2 to disciplinary proceedings in any jurisdiction. The sponsoring
3 entity shall maintain these records for a period of at least five years
4 following the provision of health care services under this section
5 and shall, upon request, furnish those records to the board or any
6 county health department.

7 (h) A contract of liability insurance issued, amended, or renewed
8 in this state on or after January 1, 2011, shall not exclude coverage
9 of a health care practitioner or a sponsoring entity that provides,
10 or arranges for the provision of, health care services under this
11 section, provided that the practitioner or entity complies with this
12 section.

13 (i) Subdivision (b) shall not be construed to authorize a health
14 care practitioner to render care outside the scope of practice
15 authorized by his or her license or certificate or this division.

16 (j) (1) The board may terminate authorization for a health care
17 practitioner to provide health care services pursuant to this section
18 for failure to comply with this section, any applicable practice
19 requirement set forth in this division, any regulations adopted
20 pursuant to this division, or for any act that would be grounds for
21 discipline if done by a licensee of that board.

22 (2) The board shall provide both the sponsoring entity and the
23 health care practitioner with a written notice of termination
24 including the basis for that termination. The health care practitioner
25 may, within 30 days after the date of the receipt of notice of
26 termination, file a written appeal to the board. The appeal shall
27 include any documentation the health care practitioner wishes to
28 present to the board.

29 (3) A health care practitioner whose authorization to provide
30 health care services pursuant to this section has been terminated
31 shall not provide health care services pursuant to this section unless
32 and until a subsequent request for authorization has been approved
33 by the board. A health care practitioner who provides health care
34 services in violation of this paragraph shall be deemed to be
35 practicing health care in violation of the applicable provisions of
36 this division, and be subject to any applicable administrative, civil,
37 or criminal fines, penalties, and other sanctions provided in this
38 division.

39 (k) The provisions of this section are severable. If any provision
40 of this section or its application is held invalid, that invalidity shall

1 not affect other provisions or applications that can be given effect
2 without the invalid provision or application.
3 (l) This section shall remain in effect only until January 1, ~~2014~~,
4 2018, and as of that date is repealed, unless a later enacted statute,
5 that is enacted before January 1, ~~2014~~, 2018, deletes or extends
6 that date.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Salas	BILL NUMBER:	AB 555
SPONSOR:	Salas	BILL STATUS:	Committee on Business, Professions, and Consumer Protection
SUBJECT:	Professions and vocations: military and veterans	DATE LAST AMENDED:	3/19/13

SUMMARY:

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

ANALYSIS:

This bill would state the intent of the Legislature to enact legislation that would streamline the licensure process of various professions and vocations for veterans and members of the military separating from service.

Amended analysis as of 3/19/20:

Existing law requires these boards to adopt rules and regulations to provide for methods of evaluating education, training, and experience obtained in the armed services, if applicable to the requirements of the business, occupation, or profession regulated, and to specify how this education, training, and experience may be used to meet the licensure requirements for the particular business, occupation, or profession regulated.

This bill would require a board to consider any relevant training an applicant for a license received while serving in the armed services of the United States for purposes of satisfying the requirements for a license, if applicable to the requirements for the particular business, occupation, or profession regulated by the board.

This bill would also authorize a board to consult with the Department of Veterans Affairs and the Military Department when evaluating whether training acquired during service in the armed services of the United States is applicable to requirements for the license an applicant seeks.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 555

Introduced by Assembly Member Salas

February 20, 2013

An act to amend Section 35 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 555, as amended, Salas. Professions and vocations: military and veterans.

Existing law provides for the licensure and regulation of various professions and ~~vocations~~ *vocations* by boards within the Department of Consumer Affairs. *Existing law requires these boards to adopt rules and regulations to provide for methods of evaluating education, training, and experience obtained in the armed services, if applicable to the requirements of the business, occupation, or profession regulated, and to specify how this education, training, and experience may be used to meet the licensure requirements for the particular business, occupation, or profession regulated.*

~~This bill would state the intent of the Legislature to enact legislation that would streamline the licensure process of various professions and vocations for veterans and members of the military separating from service.~~ *require a board to consider any relevant training an applicant for a license received while serving in the armed services of the United States for purposes of satisfying the requirements for a license, if applicable to the requirements for the particular business, occupation, or profession regulated by the board. This bill would also authorize a board to consult with the Department of Veterans Affairs and the*

Military Department when evaluating whether training acquired during service in the armed services of the United States is applicable to requirements for the license an applicant seeks.

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 *SECTION 1. Section 35 of the Business and Professions Code*
2 *is amended to read:*

3 35. (a) It is the policy of this state that, consistent with the
4 provision of high-quality services, persons with skills, knowledge,
5 and experience obtained in the armed services of the United States
6 should be permitted to apply this learning and contribute to the
7 employment needs of the state at the maximum level of
8 responsibility and skill for which they are qualified. To this end,
9 rules and regulations of boards provided for in this code shall
10 provide for methods of evaluating education, training, and
11 experience obtained in the armed services, if applicable to the
12 requirements of the business, occupation, or profession regulated.
13 These rules and regulations shall also specify how this education,
14 training, and experience may be used to meet the licensure
15 requirements for the particular business, occupation, or profession
16 regulated. Each board shall consult with the Department of
17 Veterans Affairs and the Military Department before adopting
18 these rules and regulations. Each board shall perform the duties
19 required by this section within existing budgetary resources of the
20 agency within which the board operates.

21 (b) *A board provided for in this code shall consider, and may*
22 *accept, any relevant training an applicant for a license received*
23 *while serving in the armed services of the United States for*
24 *purposes of satisfying the requirements for a license, if applicable*
25 *to the requirements for the particular business, occupation, or*
26 *profession regulated by the board. A board may consult with the*
27 *Department of Veterans Affairs and the Military Department when*
28 *evaluating whether training acquired during service in the armed*
29 *services of the United States is applicable to requirements for the*
30 *license an applicant seeks.*

31 ~~SECTION 1. It is the intent of the Legislature to enact~~
32 ~~legislation that would streamline the licensure process of various~~

- 1 professions and vocations for veterans and members of the military
- 2 separating from service.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Gomez	BILL NUMBER:	AB 697
SPONSOR:		BILL STATUS:	Committee on Health
SUBJECT:	Nursing education: service in state veterans homes	DATE LAST AMENDED:	

SUMMARY:

Existing law establishes the Student Aid Commission as the primary state agency for the administration of state-authorized student financial aid programs available to students attending all segments of postsecondary education.

Existing law establishes the State Nursing Assumption Program of Loans for Education (SNAPLE), administered by the commission, under which any person enrolled in an institution of postsecondary education and participating in that loan assumption program is eligible to receive a conditional warrant for loan assumption, to be redeemed upon becoming employed as a full-time nursing faculty member at a California college or university.

ANALYSIS:

This bill would establish a loan assumption program for employees of state veterans' homes within the SNAPLE program. This program would provide loan assumption benefits to persons who fulfill agreements to work full time for 4 consecutive years as clinical registered nurses in state veterans' homes, as specified, that employ registered nurses. The program provides for a progressive assumption of the amount of a qualifying loan over 4 consecutive years of qualifying clinical registered nursing service, up to a total loan assumption of \$20,000.

The bill would require that, in any fiscal year, the commission award no more than the number of warrants that are authorized in the Budget Act for that fiscal year for the assumption of loans pursuant to the program. This program would become inoperative on July 1, 2019, and would be repealed on January 1, 2020.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 697

Introduced by Assembly Member Gomez

February 21, 2013

An act to add and repeal Article 2 (commencing with Section 70130) of Chapter 3 of Part 42 of Division 5 of Title 3 of the Education Code, relating to nursing education.

LEGISLATIVE COUNSEL'S DIGEST

AB 697, as introduced, Gomez. Nursing education: service in state veterans homes.

Existing law establishes the Student Aid Commission as the primary state agency for the administration of state-authorized student financial aid programs available to students attending all segments of postsecondary education.

Existing law establishes the State Nursing Assumption Program of Loans for Education (SNAPLE), administered by the commission, under which any person enrolled in an institution of postsecondary education and participating in that loan assumption program is eligible to receive a conditional warrant for loan assumption, to be redeemed upon becoming employed as a full-time nursing faculty member at a California college or university.

This bill would establish a loan assumption program for employees of state veterans' homes within the SNAPLE program. This program would provide loan assumption benefits to persons who fulfill agreements to work full time for 4 consecutive years as clinical registered nurses in state veterans' homes, as specified, that employ registered nurses. The program provides for a progressive assumption of the amount of a qualifying loan over 4 consecutive years of qualifying

clinical registered nursing service, up to a total loan assumption of \$20,000. The bill would require that, in any fiscal year, the commission award no more than the number of warrants that are authorized in the Budget Act for that fiscal year for the assumption of loans pursuant to the program. This program would become inoperative on July 1, 2019, and would be repealed on January 1, 2020.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. Article 2 (commencing with Section 70130) is added to Chapter 3 of Part 42 of Division 5 of Title 3 of the Education Code, to read:

Article 2. Service in State Veterans' Homes

70130. (a) (1) Any person enrolled in an eligible institution, or any person who agrees to work full time as a registered nurse in a state veterans' home that employs registered nurses, may be eligible to enter into an agreement for loan assumption, to be redeemed pursuant to Section 70131 upon becoming employed as a clinical registered nurse in a state veterans' home that employs registered nurses. In order to be eligible to enter into an agreement for loan assumption, an applicant shall satisfy all of the conditions specified in subdivision (b).

(2) As used in this article, "eligible institution" means a postsecondary institution that is determined by the Student Aid Commission to meet both of the following requirements:

(A) The institution is eligible to participate in state and federal financial aid programs.

(B) The institution maintains an accredited program of professional preparation for licensing as a registered nurse in California.

(3) As used in this article, "state veterans' home" means any of the institutions referenced in Section 1011 of the Military and Veterans Code.

(b) (1) The applicant has been admitted to, or is enrolled in, or has successfully completed, an accredited program of professional preparation for licensing as a registered nurse in California.

1 However, a person who is currently employed as a registered nurse
2 in a state veterans' home may be eligible to enter into an agreement
3 for loan assumption under Article 1 (commencing with Section
4 70100), but is not eligible to enter into an agreement for loan
5 assumption under this article.

6 (2) The applicant is currently enrolled, or has been admitted to
7 a program in which he or she will be enrolled, on a full-time basis,
8 as determined by the participating institution. The applicant shall
9 agree to maintain satisfactory academic progress and a minimum
10 of full-time enrollment, as defined by the participating eligible
11 institution.

12 (3) The applicant has been judged by his or her postsecondary
13 institution to have outstanding ability on the basis of criteria that
14 may include, but need not be limited to, any of the following:

15 (A) Grade point average.

16 (B) Test scores.

17 (C) Faculty evaluations.

18 (D) Interviews.

19 (E) Other recommendations.

20 (4) The applicant has received, or is approved to receive, a loan
21 under one or more of the following designated loan programs:

22 (A) The Federal Family Education Loan Program (20 U.S.C.
23 Sec. 1071 et seq.).

24 (B) Any loan program approved by the Student Aid
25 Commission.

26 (5) The applicant has agreed to work full time for at least four
27 consecutive years as a clinical registered nurse in a state veterans'
28 home that employs registered nurses.

29 (c) No applicant who has completed fewer than 60 semester
30 units, or the equivalent, shall be eligible under this section to
31 participate in the loan assumption program set forth in this article.

32 (d) A person participating in the program pursuant to this section
33 shall not enter into more than one agreement under this article.

34 70131. The commission shall commence loan assumption
35 payments, as specified in Section 70132, upon verification that
36 the applicant has fulfilled all of the following:

37 (a) The applicant has become a registered nurse licensed to
38 practice in California.

39 (b) The applicant is working full time as a clinical registered
40 nurse in a state veterans' home that employs registered nurses.

1 (c) The applicant has met the requirements of the agreement
2 and all other pertinent conditions of this article.

3 70132. The terms of a loan assumption granted under this
4 article shall be as follows, subject to the specific terms of each
5 agreement:

6 (a) After a program participant has completed one year of
7 full-time employment as described in subdivision (b) of Section
8 70131, the commission shall assume up to five thousand dollars
9 (\$5,000) of the participant's outstanding liability under one or
10 more of the designated loan programs.

11 (b) After a program participant has completed two years of
12 full-time employment as described in subdivision (b) of Section
13 70131, the commission shall assume up to an additional five
14 thousand dollars (\$5,000) of the participant's outstanding liability
15 under one or more of the designated loan programs, for a total loan
16 assumption of up to ten thousand dollars (\$10,000).

17 (c) After a program participant has completed three years of
18 full-time employment as described in subdivision (b) of Section
19 70131, the commission shall assume up to an additional five
20 thousand dollars (\$5,000) of the participant's outstanding liability
21 under one or more of the designated loan programs, for a total loan
22 assumption of up to fifteen thousand dollars (\$15,000).

23 (d) After a program participant has completed four years of
24 full-time employment as described in subdivision (b) of Section
25 70131, the commission shall assume up to an additional five
26 thousand dollars (\$5,000) of the participant's outstanding liability
27 under one or more of the designated loan programs, for a total loan
28 assumption of up to twenty thousand dollars (\$20,000).

29 70133. (a) Except as provided in subdivision (b), if a program
30 participant fails to complete a minimum of four consecutive years
31 of full-time employment as required by this article, under the terms
32 of the agreement pursuant to paragraph (5) of subdivision (b) of
33 Section 70130, the participant shall retain full liability for all
34 student loan obligations remaining after the commission's
35 assumption of loan liability for the last year of qualifying clinical
36 registered nursing service pursuant to Section 70132.

37 (b) Notwithstanding subdivision (a), if a program participant
38 becomes unable to complete one of the four consecutive years of
39 qualifying clinical registered nursing service due to serious illness,
40 pregnancy, or other natural causes, the term of the loan assumption

1 agreement shall be extended for a period not to exceed one year.
2 The commission shall make no further payments under the loan
3 assumption agreement until the applicable work requirements as
4 specified in Section 70131 have been satisfied.

5 (c) If a natural disaster prevents a program participant from
6 completing one of the required years of work due to the interruption
7 of employment at the employing state veterans' home, the term of
8 the loan assumption agreement shall be extended for the period of
9 time equal to the period from the interruption of employment at
10 the employing state veterans' home until the resumption of
11 employment. The commission shall make no further payments
12 under the loan assumption agreement until the applicable
13 employment requirements specified in Section 70131 have been
14 satisfied.

15 70134. (a) The commission shall administer this article, and
16 shall adopt rules and regulations for that purpose. The rules and
17 regulations shall include, but need not be limited to, provisions
18 regarding the period of time during which an agreement shall
19 remain valid, the reallocation of resources in light of agreements
20 that are not used by program participants, the failure, for any
21 reason, of a program participant to complete a minimum of four
22 consecutive years of qualifying clinical registered nursing service,
23 and the development of projections for funding purposes.

24 (b) If a provision is added to this article and the commission
25 deems it necessary to adopt a rule or regulation to implement that
26 provision, the commission shall develop and adopt that rule or
27 regulation no later than six months after the operative date of the
28 statute that adds the provision.

29 70135. On or before January 31, 2015, and on or before each
30 January 31 thereafter until, and including, January 31, 2019, the
31 commission shall report annually to the Legislature regarding both
32 of the following, on the basis of sex, age, and ethnicity:

33 (a) The total number of program participants and the type of
34 program of professional preparation they are attending or have
35 attended.

36 (b) The numbers of participants who complete one, two, three,
37 or four years of qualifying clinical registered nursing service,
38 respectively.

39 70136. On or before May 1, 2018, the Office of the Legislative
40 Analyst shall submit a report to the Legislature that includes the

1 findings and recommendations of the Legislative Analyst with
2 respect to the efficacy of the program established by this article.

3 70137. Reports pursuant to Sections 70135 and 70136 shall be
4 submitted pursuant to Section 9795 of the Government Code.

5 70138. In selecting applicants for participation in this program,
6 the commission shall grant priority to applicants who, in the
7 determination of the commission, are included in any of the
8 following categories:

9 (a) Persons who possess a baccalaureate degree at the time of
10 initial application.

11 (b) Persons who are enrolled in an accelerated program of
12 professional preparation for licensing as a registered nurse in
13 California.

14 (c) Persons who are recipients of federally subsidized student
15 loans or other need-based student loans.

16 70139. Notwithstanding any other law, in any fiscal year, the
17 commission shall award no more than the number of warrants that
18 are authorized in the annual Budget Act for that fiscal year for the
19 assumption of loans pursuant to this article.

20 70140. This article shall become inoperative on July 1, 2019,
21 and, as of January 1, 2020, is repealed, unless a later enacted
22 statute, that becomes operative on or before January 1, 2020,
23 deletes or extends the dates on which it becomes inoperative and
24 is repealed.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Blumenfield	BILL NUMBER:	AB 705
SPONSOR:		BILL STATUS:	Committee on Business, Professions and Consumer Protection
SUBJECT:	Combat to Care Act	DATE LAST AMENDED:	3/19/13

SUMMARY:

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs.

ANALYSIS:

This bill would provide that this act shall be known, and may be cited as, the Combat to Care Act and would make various legislative findings and declarations, including that California recognizes that military service members gain skill and experience while serving the country that, upon discharge, can be translated to the civilian world.

Amended Analysis as of 3/19:

The bill would require the Board of Registered Nursing to adopt regulations that identify the Armed Forces coursework, training, and experience that is equivalent or transferable to coursework required for licensure by the board. This bill would require the board, after evaluating a military applicant's education and training, to provide the applicant with a list of the coursework he or she must still complete to be eligible for licensure.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

AMENDED IN ASSEMBLY MARCH 19, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 705

Introduced by Assembly Member Blumenfield

February 21, 2013

An act to amend Section 2736.5 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 705, as amended, Blumenfield. Combat to Care Act.

Existing law provides for the licensure and regulation of various healing arts professions and vocations by boards within the Department of Consumer Affairs. *Existing law requires boards within the department to adopt rules and regulations to provide for methods of evaluating education, training, and experience obtained in the armed services, if applicable to the requirements of the business, occupation, or profession regulated, and to specify how this education, training, and experience may be used to meet the licensure requirements for the particular business, occupation, or profession regulated. Existing law, the Nursing Practice Act, provides for the licensure and regulation of registered nurses by the Board of Registered Nursing.*

Existing law requires applicants for licensure as a registered nurse to meet certain educational requirements, to have completed specified courses of instruction, and to not be subject to denial of licensure under specified circumstances. Existing law authorizes applicants who have served on active duty in the medical corps in the United States Armed Forces to submit a record of specified training to the board for evaluation in order to satisfy the courses of instruction requirement. Under existing law, if the applicant satisfies the other general licensure

requirements and if the board determines that his or her education establishes competency to practice registered nursing, the applicant shall be granted a license upon passing a certain examination.

This bill would provide that this act shall be known, and may be cited, as, the Combat to Care Act and would make various legislative findings and declarations, including that California recognizes that military service members gain skill and experience while serving the country that, upon discharge, can be translated to the civilian world. *The bill would require the Board of Registered Nursing to adopt regulations that identify the Armed Forces coursework, training, and experience that is equivalent or transferable to coursework required for licensure by the board. This bill would require the board, after evaluating a military applicant's education and training, to provide the applicant with a list of the coursework he or she must still complete to be eligible for licensure.*

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. This act shall be known, and may be cited, as;
- 2 the Combat to Care Act.
- 3 SEC. 2. The Legislature finds and declares all of the following:
- 4 (a) President Barack Obama signed the Veteran Skills to Jobs
- 5 Act, authored by former California State Senator Jeff Denham,
- 6 which directs federal licensing authorities to consider and accept
- 7 military experience and training for the purposes of satisfying the
- 8 requirements for licensure.
- 9 (b) In signing the Veterans Skills to Jobs Act, President Obama
- 10 declared that "No veteran who fought for our nation overseas
- 11 should have to fight for a job when they return home."
- 12 (c) The Institute for Veterans and Military Families at Syracuse
- 13 University found that, since 2001, more than 2.8 million military
- 14 personnel have made the transition from military to civilian life
- 15 and another one million service members will make this transition
- 16 over the next five years.
- 17 (d) California is home to the largest veteran population in the
- 18 country, with approximately 2 million veterans, and is expected
- 19 to welcome home 30,000 more annually.

1 (e) California recognizes that military service members gain
2 skills and experience while serving our country that, upon
3 discharge, can be translated to the civilian world.

4 (f) *Last year the Governor signed into law Assembly Bill 2659*
5 *(Ch. 406, Stats. 2012) to help veterans with military commercial*
6 *motor vehicle driving experience transfer those skills into civilian*
7 *life. This act is part of California's ongoing effort to streamline*
8 *veterans into viable careers after military service.*

9 SEC. 3. Section 2736.5 of the Business and Professions Code
10 is amended to read:

11 2736.5. (a) Any person who has served on active duty in the
12 medical corps of any of the Armed Forces of the United States and
13 who has successfully completed the course of instruction required
14 to qualify him or her for rating as a medical service
15 technician—*independent duty, or other equivalent rating in his or*
16 *her particular branch of the Armed Forces, and whose service in*
17 *the Armed Forces has been under honorable conditions, may submit*
18 *the record of—such that training to the board for evaluation.*

19 (b) *After making an evaluation pursuant to subdivisions (a) and*
20 *(d), the board shall provide an applicant with a list of coursework,*
21 *if any, that the applicant must complete to be eligible for licensure.*

22 ~~(b)~~
23 (c) ~~If such person~~ *an applicant* meets the qualifications of
24 *subdivision (a) and paragraphs (1) and (3) of subdivision (a) of*
25 *Section 2736, and if the board determines that his or her education*
26 *would give reasonable assurance of competence to practice as a*
27 *registered nurse in this state, he or she shall be granted a license*
28 *upon passing the standard examination for—such licensure.*

29 ~~(e)~~
30 (d) The board shall, by regulation, establish criteria for
31 evaluating the education of applicants under this section.

32 (e) *On or before January 1, 2015, the board shall, by regulation,*
33 *identify the Armed Forces coursework, training, and experience*
34 *that is equivalent or transferable to coursework required for*
35 *licensure by the board.*

36 ~~(d)~~
37 (f) The board shall maintain records of the following categories
38 of applicants under this section:

1 (1) Applicants who are rejected for examination; and the areas
2 of ~~such~~ *those* applicants' preparation ~~which~~ *that* are the causes of
3 rejection.

4 (2) Applicants who are qualified by their military education
5 alone to take the examination, and the results of their examinations.

6 (3) Applicants who are qualified to take the examination by
7 their military education plus supplementary education, and the
8 results of their examinations.

9 ~~(e)~~

10 (g) The board shall attempt to contact by mail or other means
11 individuals meeting the requirements of subdivision (a) who have
12 been or will be discharged or separated from the Armed Forces of
13 the United States, in order to inform them of the application
14 procedure provided by this section. The board may enter into an
15 agreement with the federal government in order to secure the names
16 and addresses of ~~such~~ *those* individuals.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Gomez	BILL NUMBER:	AB 790
SPONSOR:		BILL STATUS:	Committee on Public Safety
SUBJECT:	Child abuse: reporting	DATE LAST AMENDED:	

SUMMARY:

The Child Abuse and Neglect Reporting Act requires a mandated reporter, as defined, to make a report to a specified agency whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect.

Existing law further requires the mandated reporter to make an initial report by telephone to the agency immediately or as soon as is practicably possible, and to prepare and send, fax, or electronically transmit a written followup report within 36 hours of receiving the information concerning the incident.

Existing law additionally provides that, when 2 or more mandated reporters have joint knowledge of suspected child abuse or neglect, they may select a member of the team by mutual agreement to make and sign a single report. Any member who has knowledge that the member designated to report has failed to do so is required to thereafter make the report.

ANALYSIS:

This bill would delete these latter provisions, thus requiring every mandated reporter who has knowledge of suspected child abuse or neglect to make a report, as specified.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 790

Introduced by Assembly Member Gomez

February 21, 2013

An act to amend Section 11166 of the Penal Code, relating to child abuse.

LEGISLATIVE COUNSEL'S DIGEST

AB 790, as introduced, Gomez. Child abuse: reporting.

The Child Abuse and Neglect Reporting Act requires a mandated reporter, as defined, to make a report to a specified agency whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. Existing law further requires the mandated reporter to make an initial report by telephone to the agency immediately or as soon as is practicably possible, and to prepare and send, fax, or electronically transmit a written followup report within 36 hours of receiving the information concerning the incident.

Existing law additionally provides that, when 2 or more mandated reporters have joint knowledge of suspected child abuse or neglect, they may select a member of the team by mutual agreement to make and sign a single report. Any member who has knowledge that the member designated to report has failed to do so is required to thereafter make the report.

This bill would delete these latter provisions, thus requiring every mandated reporter who has knowledge of suspected child abuse or neglect to make a report, as specified.

Because this bill would expand the definition of a crime, it would impose a state-mandated program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 11166 of the Penal Code is amended to
2 read:

3 11166. (a) Except as provided in subdivision (d), and in
4 Section 11166.05, a mandated reporter shall make a report to an
5 agency specified in Section 11165.9 whenever the mandated
6 reporter, in his or her professional capacity or within the scope of
7 his or her employment, has knowledge of or observes a child whom
8 the mandated reporter knows or reasonably suspects has been the
9 victim of child abuse or neglect. The mandated reporter shall make
10 an initial report by telephone to the agency immediately or as soon
11 as is practicably possible, and shall prepare and send, fax, or
12 electronically transmit a written followup report within 36 hours
13 of receiving the information concerning the incident. The mandated
14 reporter may include with the report any nonprivileged
15 documentary evidence the mandated reporter possesses relating
16 to the incident.

17 (1) For purposes of this article, “reasonable suspicion” means
18 that it is objectively reasonable for a person to entertain a suspicion,
19 based upon facts that could cause a reasonable person in a like
20 position, drawing, when appropriate, on his or her training and
21 experience, to suspect child abuse or neglect. “Reasonable
22 suspicion” does not require certainty that child abuse or neglect
23 has occurred nor does it require a specific medical indication of
24 child abuse or neglect; any “reasonable suspicion” is sufficient.
25 For purposes of this article, the pregnancy of a minor does not, in
26 and of itself, constitute a basis for a reasonable suspicion of sexual
27 abuse.

1 (2) The agency shall be notified and a report shall be prepared
2 and sent, faxed, or electronically transmitted even if the child has
3 expired, regardless of whether or not the possible abuse was a
4 factor contributing to the death, and even if suspected child abuse
5 was discovered during an autopsy.

6 (3) Any report made by a mandated reporter pursuant to this
7 section shall be known as a mandated report.

8 (b) If after reasonable efforts a mandated reporter is unable to
9 submit an initial report by telephone, he or she shall immediately
10 or as soon as is practicably possible, by fax or electronic
11 transmission, make a one-time automated written report on the
12 form prescribed by the Department of Justice, and shall also be
13 available to respond to a telephone followup call by the agency
14 with which he or she filed the report. A mandated reporter who
15 files a one-time automated written report because he or she was
16 unable to submit an initial report by telephone is not required to
17 submit a written followup report.

18 (1) The one-time automated written report form prescribed by
19 the Department of Justice shall be clearly identifiable so that it is
20 not mistaken for a standard written followup report. In addition,
21 the automated one-time report shall contain a section that allows
22 the mandated reporter to state the reason the initial telephone call
23 was not able to be completed. The reason for the submission of
24 the one-time automated written report in lieu of the procedure
25 prescribed in subdivision (a) shall be captured in the Child Welfare
26 Services/Case Management System (CWS/CMS). The department
27 shall work with stakeholders to modify reporting forms and the
28 CWS/CMS as is necessary to accommodate the changes enacted
29 by these provisions.

30 (2) This subdivision shall not become operative until the
31 CWS/CMS is updated to capture the information prescribed in this
32 subdivision.

33 (3) This subdivision shall become inoperative three years after
34 this subdivision becomes operative or on January 1, 2009,
35 whichever occurs first.

36 (4) On the inoperative date of these provisions, a report shall
37 be submitted to the counties and the Legislature by the State
38 Department of Social Services that reflects the data collected from
39 automated one-time reports indicating the reasons stated as to why

1 the automated one-time report was filed in lieu of the initial
2 telephone report.

3 (5) Nothing in this section shall supersede the requirement that
4 a mandated reporter first attempt to make a report via telephone,
5 or that agencies specified in Section 11165.9 accept reports from
6 mandated reporters and other persons as required.

7 (c) Any mandated reporter who fails to report an incident of
8 known or reasonably suspected child abuse or neglect as required
9 by this section is guilty of a misdemeanor punishable by up to six
10 months confinement in a county jail or by a fine of one thousand
11 dollars (\$1,000) or by both that imprisonment and fine. If a
12 mandated reporter intentionally conceals his or her failure to report
13 an incident known by the mandated reporter to be abuse or severe
14 neglect under this section, the failure to report is a continuing
15 offense until an agency specified in Section 11165.9 discovers the
16 offense.

17 (d) (1) A clergy member who acquires knowledge or a
18 reasonable suspicion of child abuse or neglect during a penitential
19 communication is not subject to subdivision (a). For the purposes
20 of this subdivision, "penitential communication" means a
21 communication, intended to be in confidence, including, but not
22 limited to, a sacramental confession, made to a clergy member
23 who, in the course of the discipline or practice of his or her church,
24 denomination, or organization, is authorized or accustomed to hear
25 those communications, and under the discipline, tenets, customs,
26 or practices of his or her church, denomination, or organization,
27 has a duty to keep those communications secret.

28 (2) Nothing in this subdivision shall be construed to modify or
29 limit a clergy member's duty to report known or suspected child
30 abuse or neglect when the clergy member is acting in some other
31 capacity that would otherwise make the clergy member a mandated
32 reporter.

33 (3) (A) On or before January 1, 2004, a clergy member or any
34 custodian of records for the clergy member may report to an agency
35 specified in Section 11165.9 that the clergy member or any
36 custodian of records for the clergy member, prior to January 1,
37 1997, in his or her professional capacity or within the scope of his
38 or her employment, other than during a penitential communication,
39 acquired knowledge or had a reasonable suspicion that a child had
40 been the victim of sexual abuse that the clergy member or any

1 custodian of records for the clergy member did not previously
2 report the abuse to an agency specified in Section 11165.9. The
3 provisions of Section 11172 shall apply to all reports made pursuant
4 to this paragraph.

5 (B) This paragraph shall apply even if the victim of the known
6 or suspected abuse has reached the age of majority by the time the
7 required report is made.

8 (C) The local law enforcement agency shall have jurisdiction
9 to investigate any report of child abuse made pursuant to this
10 paragraph even if the report is made after the victim has reached
11 the age of majority.

12 (e) (1) Any commercial film, photographic print, or image
13 processor who has knowledge of or observes, within the scope of
14 his or her professional capacity or employment, any film,
15 photograph, videotape, negative, slide, or any representation of
16 information, data, or an image, including, but not limited to, any
17 film, filmstrip, photograph, negative, slide, photocopy, videotape,
18 video laser disc, computer hardware, computer software, computer
19 floppy disk, data storage medium, CD-ROM, computer-generated
20 equipment, or computer-generated image depicting a child under
21 16 years of age engaged in an act of sexual conduct, shall
22 immediately, or as soon as practically possible, telephonically
23 report the instance of suspected abuse to the law enforcement
24 agency located in the county in which the images are seen. Within
25 36 hours of receiving the information concerning the incident, the
26 reporter shall prepare and send, fax, or electronically transmit a
27 written followup report of the incident with a copy of the image
28 or material attached.

29 (2) Any commercial computer technician who has knowledge
30 of or observes, within the scope of his or her professional capacity
31 or employment, any representation of information, data, or an
32 image, including, but not limited, to any computer hardware,
33 computer software, computer file, computer floppy disk, data
34 storage medium, CD-ROM, computer-generated equipment, or
35 computer-generated image that is retrievable in perceivable form
36 and that is intentionally saved, transmitted, or organized on an
37 electronic medium, depicting a child under 16 years of age engaged
38 in an act of sexual conduct, shall immediately, or as soon as
39 practicably possible, telephonically report the instance of suspected
40 abuse to the law enforcement agency located in the county in which

1 the images or material are seen. As soon as practicably possible
2 after receiving the information concerning the incident, the reporter
3 shall prepare and send, fax, or electronically transmit a written
4 followup report of the incident with a brief description of the
5 images or materials.

6 (3) For purposes of this article, “commercial computer
7 technician” includes an employee designated by an employer to
8 receive reports pursuant to an established reporting process
9 authorized by subparagraph (B) of paragraph (41) of subdivision
10 (a) of Section 11165.7.

11 (4) As used in this subdivision, “electronic medium” includes,
12 but is not limited to, a recording, CD-ROM, magnetic disk memory,
13 magnetic tape memory, CD, DVD, thumbdrive, or any other
14 computer hardware or media.

15 (5) As used in this subdivision, “sexual conduct” means any of
16 the following:

17 (A) Sexual intercourse, including genital-genital, oral-genital,
18 anal-genital, or oral-anal, whether between persons of the same or
19 opposite sex or between humans and animals.

20 (B) Penetration of the vagina or rectum by any object.

21 (C) Masturbation for the purpose of sexual stimulation of the
22 viewer.

23 (D) Sadomasochistic abuse for the purpose of sexual stimulation
24 of the viewer.

25 (E) Exhibition of the genitals, pubic, or rectal areas of any
26 person for the purpose of sexual stimulation of the viewer.

27 (f) Any mandated reporter who knows or reasonably suspects
28 that the home or institution in which a child resides is unsuitable
29 for the child because of abuse or neglect of the child shall bring
30 the condition to the attention of the agency to which, and at the
31 same time as, he or she makes a report of the abuse or neglect
32 pursuant to subdivision (a).

33 (g) Any other person who has knowledge of or observes a child
34 whom he or she knows or reasonably suspects has been a victim
35 of child abuse or neglect may report the known or suspected
36 instance of child abuse or neglect to an agency specified in Section
37 11165.9. For purposes of this section, “any other person” includes
38 a mandated reporter who acts in his or her private capacity and
39 not in his or her professional capacity or within the scope of his
40 or her employment.

~~(h) When two or more persons, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.~~

~~(i)~~

(h) (1) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit the reporting duties, and no person making a report shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with this article.

(2) The internal procedures shall not require any employee required to make reports pursuant to this article to disclose his or her identity to the employer.

(3) Reporting the information regarding a case of possible child abuse or neglect to an employer, supervisor, school principal, school counselor, coworker, or other person shall not be a substitute for making a mandated report to an agency specified in Section 11165.9.

~~(j)~~

(i) A county probation or welfare department shall immediately, or as soon as practicably possible, report by telephone, fax, or electronic transmission to the law enforcement agency having jurisdiction over the case, to the agency given the responsibility for investigation of cases under Section 300 of the Welfare and Institutions Code, and to the district attorney's office every known or suspected instance of child abuse or neglect, as defined in Section 11165.6, except acts or omissions coming within subdivision (b) of Section 11165.2, or reports made pursuant to Section 11165.13 based on risk to a child which relates solely to the inability of the parent to provide the child with regular care due to the parent's substance abuse, which shall be reported only to the county welfare or probation department. A county probation or welfare department also shall send, fax, or electronically transmit a written report thereof within 36 hours of receiving the information

1 concerning the incident to any agency to which it makes a
2 telephone report under this subdivision.

3 ~~(k)~~

4 (j) A law enforcement agency shall immediately, or as soon as
5 practicably possible, report by telephone, fax, or electronic
6 transmission to the agency given responsibility for investigation
7 of cases under Section 300 of the Welfare and Institutions Code
8 and to the district attorney's office every known or suspected
9 instance of child abuse or neglect reported to it, except acts or
10 omissions coming within subdivision (b) of Section 11165.2, which
11 shall be reported only to the county welfare or probation
12 department. A law enforcement agency shall report to the county
13 welfare or probation department every known or suspected instance
14 of child abuse or neglect reported to it which is alleged to have
15 occurred as a result of the action of a person responsible for the
16 child's welfare, or as the result of the failure of a person responsible
17 for the child's welfare to adequately protect the minor from abuse
18 when the person responsible for the child's welfare knew or
19 reasonably should have known that the minor was in danger of
20 abuse. A law enforcement agency also shall send, fax, or
21 electronically transmit a written report thereof within 36 hours of
22 receiving the information concerning the incident to any agency
23 to which it makes a telephone report under this subdivision.

24 SEC. 2. No reimbursement is required by this act pursuant to
25 Section 6 of Article XIII B of the California Constitution because
26 the only costs that may be incurred by a local agency or school
27 district will be incurred because this act creates a new crime or
28 infraction, eliminates a crime or infraction, or changes the penalty
29 for a crime or infraction, within the meaning of Section 17556 of
30 the Government Code, or changes the definition of a crime within
31 the meaning of Section 6 of Article XIII B of the California
32 Constitution.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Gomez	BILL NUMBER:	AB 859
SPONSOR:		BILL STATUS:	Introduced
SUBJECT:	Professions and vocations: military medical personnel	DATE LAST AMENDED:	

SUMMARY:

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

ANALYSIS:

This bill would state the intent of the Legislature to enact legislation that would promote and pursue programmatic changes to nursing and paramedic licensure requirements for California's military medical personnel in order to recognize the talent, skills, and training of these military medical personnel.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 859

Introduced by Assembly Member Gomez

February 21, 2013

An act relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 859, as introduced, Gomez. Professions and vocations: military medical personnel.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

This bill would state the intent of the Legislature to enact legislation that would promote and pursue programmatic changes to nursing and paramedic licensure requirements for California's military medical personnel in order to recognize the talent, skills, and training of these military medical personnel.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. It is the intent of the Legislature to enact
- 2 legislation that would promote and pursue programmatic changes
- 3 to nursing and paramedic licensure requirements for California's
- 4 military medical personnel in order to recognize the talent, skills,
- 5 and training of these military medical personnel.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Gomez	BILL NUMBER:	AB 1017
SPONSOR:		BILL STATUS:	Committee on Business, Professions and Consumer Protection
SUBJECT:	Incoming telephone calls: messages	DATE LAST AMENDED:	

SUMMARY:

Existing law requires each state agency to establish a procedure pursuant to which incoming telephone calls on any public line are answered within 10 rings during regular business hours, except as specified. For purposes of this provision, "state agency" includes every state office, officer, department, division, bureau, board, and commission.

ANALYSIS:

This bill would require, in addition, that the procedure established by the state agency enable a caller to leave a message, as specified, and that the message be returned within 3 business days, or 72 hours, whichever is earlier.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 1017

Introduced by Assembly Member Gomez

February 22, 2013

An act to amend Section 11022 of the Government Code, relating to state agencies.

LEGISLATIVE COUNSEL'S DIGEST

AB 1017, as introduced, Gomez. Incoming telephone calls: messages.

Existing law requires each state agency to establish a procedure pursuant to which incoming telephone calls on any public line are answered within 10 rings during regular business hours, except as specified. For purposes of this provision, "state agency" includes every state office, officer, department, division, bureau, board, and commission.

This bill would require, in addition, that the procedure established by the state agency enable a caller to leave a message, as specified, and that the message be returned within 3 business days, or 72 hours, whichever is earlier.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 11022 of the Government Code is
- 2 amended to read:
- 3 11022. Each state agency shall establish a procedure pursuant
- 4 to which incoming telephone calls on any public line shall be
- 5 answered within 10 rings during regular business hours as set forth

1 in Section 11020, except where emergency or illness require
2 adjustments to normal staffing levels. This requirement shall be
3 met in every office where staff is available, unless compliance
4 would require overtime or compensating time off. *This procedure*
5 *also shall enable a caller to leave a message, either*
6 *person-to-person, or via voice mail or other method of 24-hour*
7 *telecommunications. Each call shall be returned within three*
8 *business days or 72 hours after the message is left, whichever is*
9 *earlier.*

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Medina	BILL NUMBER:	AB 1057
SPONSOR:		BILL STATUS:	Committee on Business, Professions, and Consumer Protection
SUBJECT:	Professions and vocations: licenses: military service	DATE LAST AMENDED:	

SUMMARY:

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs.

Existing law authorizes a licensee or registrant whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces to, upon application, reinstate his or her license without penalty and without examination, if certain requirements are satisfied, unless the licensing agency determines that the applicant has not actively engaged in the practice of his or her profession while on active duty, as specified.

ANALYSIS:

This bill would require each board to inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

ASSEMBLY BILL

No. 1057

Introduced by Assembly Member Medina

February 22, 2013

An act to add Section 114.5 to the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

AB 1057, as introduced, Medina. Professions and vocations: licenses: military service.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a licensee or registrant whose license expired while the licensee or registrant was on active duty as a member of the California National Guard or the United States Armed Forces to, upon application, reinstate his or her license without penalty and without examination, if certain requirements are satisfied, unless the licensing agency determines that the applicant has not actively engaged in the practice of his or her profession while on active duty, as specified.

This bill would require each board to inquire in every application for licensure if the applicant is serving in, or has previously served in, the military.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 114.5 is added to the Business and
- 2 Professions Code, to read:

1 114.5. Each board shall inquire in every application for
2 licensure if the applicant is serving in, or has previously served
3 in, the military.

O

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Hernandez, E.	BILL NUMBER:	SB 271
SPONSOR:		BILL STATUS:	Committee on Health
SUBJECT:	Associate Degree Nursing Scholarship Program	DATE LAST AMENDED:	

SUMMARY:

Existing law establishes, until January 1, 2014, the statewide Associate Degree Nursing (A.D.N.) Scholarship Pilot Program in the Office of Statewide Health Planning and Development to provide scholarships to students, in accordance with prescribed requirements, in counties determined to have the most need. Existing law provides that the program be funded from the Registered Nurse Education Fund, administered by the Health Professions Education Foundation within the office.

ANALYSIS:

This bill would extend the operation of this program indefinitely and would make related changes.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator Hernandez

February 14, 2013

An act to amend Section 128401 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 271, as introduced, Hernandez. Associate Degree Nursing Scholarship Program.

Existing law establishes, until January 1, 2014, the statewide Associate Degree Nursing (A.D.N.) Scholarship Pilot Program in the Office of Statewide Health Planning and Development to provide scholarships to students, in accordance with prescribed requirements, in counties determined to have the most need. Existing law provides that the program be funded from the Registered Nurse Education Fund, administered by the Health Professions Education Foundation within the office.

This bill would extend the operation of this program indefinitely and would make related changes.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 128401 of the Health and Safety Code
- 2 is amended to read:
- 3 128401. (a) The Office of Statewide Health Planning and
- 4 Development shall adopt regulations establishing the statewide
- 5 Associate Degree Nursing (A.D.N.) Scholarship ~~Pilot~~ Program.

1 (b) Scholarships under the ~~pilot~~ program shall be available only
2 to students in counties determined to have the most need. Need in
3 a county shall be established based on consideration of all the
4 following factors:

5 (1) Counties with a registered nurse-to-population ratio equal
6 or less than 500 registered nurses per 100,000 individuals.

7 (2) County unemployment rate.

8 (3) County level of poverty.

9 (c) A scholarship recipient shall be required to complete, at a
10 minimum, an associate degree in nursing and work in a medically
11 underserved area in California upon obtaining his or her license
12 from the Board of Registered Nursing.

13 (d) The Health Professions Education Foundation shall consider
14 the following factors when selecting recipients for the A.D.N.
15 Scholarship ~~Pilot~~ Program:

16 (1) An applicant's economic need, as established by the federal
17 poverty index.

18 (2) Applicants who demonstrate cultural and linguistic skills
19 and abilities.

20 (e) The ~~pilot~~ program shall be funded from the Registered Nurse
21 Education Fund established pursuant to Section 128400 and
22 administered by the Health Professions Education Foundation
23 within the office. The Health Professions Education Foundation
24 shall allocate a portion of the moneys in the fund for the ~~pilot~~
25 program established pursuant to this section, in addition to moneys
26 otherwise allocated pursuant to this article for scholarships and
27 loans for associate degree nursing students.

28 (f) No additional staff or General Fund operating costs shall be
29 expended for the ~~pilot~~ program.

30 (g) The Health Professions Education Foundation may accept
31 private or federal funds for purposes of the A.D.N. Scholarship
32 ~~Pilot~~ Program.

33 ~~(h) This section shall remain in effect only until January 1, 2014,~~
34 ~~and as of that date is repealed, unless a later enacted statute, that~~
35 ~~is enacted before January 1, 2014, deletes or extends that date.~~

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Pavley	BILL NUMBER:	SB 352
SPONSOR:		BILL STATUS:	Business, Professions and Economic Development
SUBJECT:	Medical assistants: supervision	DATE LAST AMENDED:	

SUMMARY:

Existing law authorizes a medical assistant to perform specified services relating to the administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or in a specified clinic upon specific authorization of a physician assistant, nurse practitioner, or nurse-midwife.

ANALYSIS:

This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. The bill would also delete several obsolete references and make other technical, nonsubstantive changes.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

**Introduced by Senator Pavley
(Principal coauthor: Senator Hernandez)**

February 20, 2013

An act to amend Section 2069 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

SB 352, as introduced, Pavley. Medical assistants: supervision.

Existing law authorizes a medical assistant to perform specified services relating to the administration of medication and performance of skin tests and simple routine medical tasks and procedures upon specific authorization from and under the supervision of a licensed physician and surgeon or podiatrist, or in a specified clinic upon specific authorization of a physician assistant, nurse practitioner, or nurse-midwife.

This bill would delete the requirement that the services performed by the medical assistant be in a specified clinic when under the specific authorization of a physician assistant, nurse practitioner, or nurse-midwife. The bill would also delete several obsolete references and make other technical, nonsubstantive changes.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 2069 of the Business and Professions
- 2 Code is amended to read:
- 3 2069. (a) (1) Notwithstanding any other ~~provision of law~~, a
- 4 medical assistant may administer medication only by intradermal,

1 subcutaneous, or intramuscular injections and perform skin tests
2 and additional technical supportive services upon the specific
3 authorization and supervision of a licensed physician and surgeon
4 or a licensed podiatrist. A medical assistant may also perform all
5 these tasks and services ~~in a clinic licensed pursuant to subdivision~~
6 ~~(a) of Section 1204 of the Health and Safety Code~~ upon the specific
7 authorization of a physician assistant, a nurse practitioner, or a
8 nurse-midwife.

9 (2) The supervising physician and surgeon ~~at a clinic described~~
10 ~~in paragraph (1)~~ may, at his or her discretion, in consultation with
11 the nurse practitioner, nurse-midwife, or physician assistant,
12 provide written instructions to be followed by a medical assistant
13 in the performance of tasks or supportive services. These written
14 instructions may provide that the supervisory function for the
15 medical assistant for these tasks or supportive services may be
16 delegated to the nurse practitioner, nurse-midwife, or physician
17 assistant within the standardized procedures or protocol, and that
18 tasks may be performed when the supervising physician and
19 surgeon is not onsite, ~~so long as if either of the following apply:~~

20 (A) The nurse practitioner or nurse-midwife is functioning
21 pursuant to standardized procedures, as defined by Section 2725,
22 or protocol. The standardized procedures or protocol shall be
23 developed and approved by the supervising physician and surgeon,
24 the nurse practitioner or nurse-midwife, and the facility
25 administrator or his or her designee.

26 (B) The physician assistant is functioning pursuant to regulated
27 services defined in Section 3502 and is approved to do so by the
28 supervising physician ~~or~~ and surgeon.

29 (b) As used in this section and Sections 2070 and 2071, the
30 following definitions ~~shall~~ apply:

31 (1) “Medical assistant” means a person who may be unlicensed,
32 who performs basic administrative, clerical, and technical
33 supportive services in compliance with this section and Section
34 2070 for a licensed physician and surgeon or a licensed podiatrist,
35 or group thereof, for a medical or podiatry corporation, for a
36 physician assistant, a nurse practitioner, or a nurse-midwife as
37 provided in subdivision (a), or for a health care service plan, who
38 is at least 18 years of age, and who has had at least the minimum
39 amount of hours of appropriate training pursuant to standards
40 established by the ~~Division of Licensing~~ board. The medical

1 assistant shall be issued a certificate by the training institution or
2 instructor indicating satisfactory completion of the required
3 training. A copy of the certificate shall be retained as a record by
4 each employer of the medical assistant.

5 (2) "Specific authorization" means a specific written order
6 prepared by the supervising physician and surgeon or the
7 supervising podiatrist, or the physician assistant, the nurse
8 practitioner, or the nurse-midwife as provided in subdivision (a),
9 authorizing the procedures to be performed on a patient, which
10 shall be placed in the patient's medical record, or a standing order
11 prepared by the supervising physician and surgeon or the
12 supervising podiatrist, or the physician assistant, the nurse
13 practitioner, or the nurse-midwife as provided in subdivision (a),
14 authorizing the procedures to be performed, the duration of which
15 shall be consistent with accepted medical practice. A notation of
16 the standing order shall be placed on the patient's medical record.

17 (3) "Supervision" means the supervision of procedures
18 authorized by this section by the following practitioners, within
19 the scope of their respective practices, who shall be physically
20 present in the treatment facility during the performance of those
21 procedures:

22 (A) A licensed physician and surgeon.

23 (B) A licensed podiatrist.

24 (C) A physician assistant, nurse practitioner, or nurse-midwife
25 as provided in subdivision (a).

26 (4) "Technical supportive services" means simple routine
27 medical tasks and procedures that may be safely performed by a
28 medical assistant who has limited training and who functions under
29 the supervision of a licensed physician and surgeon or a licensed
30 podiatrist, or a physician assistant, a nurse practitioner, or a
31 nurse-midwife as provided in subdivision (a).

32 (c) Nothing in this section shall be construed as authorizing ~~the~~
33 *any of the following*:

34 (1) ~~The licensure of medical assistants. Nothing in this section~~
35 ~~shall be construed as authorizing the~~

36 (2) ~~The administration of local anesthetic agents by a medical~~
37 ~~assistant. Nothing in this section shall be construed as authorizing~~
38 ~~the division to~~

39 (3) ~~The board to~~ adopt any regulations that violate the
40 prohibitions on diagnosis or treatment in Section 2052.

(e) Nothing in this section shall be construed as authorizing a medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1206.5). Nothing in this section shall be construed as authorizing a nurse practitioner, nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.

(d) Notwithstanding any other ~~provision of~~ law, a medical assistant ~~may~~ *shall* not be employed for inpatient care in a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

(4) A medical assistant to perform any clinical laboratory test or examination for which he or she is not authorized by Chapter 3 (commencing with Section 1200).

(5) A nurse practitioner, nurse-midwife, or physician assistant to be a laboratory director of a clinical laboratory, as those terms are defined in paragraph (8) of subdivision (a) of Section 1206 and subdivision (a) of Section 1209.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Wright	BILL NUMBER:	SB 430
SPONSOR:		BILL STATUS:	Committee on Education
SUBJECT:	Pupil health: vision appraisal: binocular function	DATE LAST AMENDED:	

SUMMARY:

Existing law requires, upon first enrollment in a California school district of a child at a California elementary school, and at least every 3rd year thereafter until the child has completed the 8th grade, the child's vision to be appraised by the school nurse or other authorized person, as specified. Existing law requires this appraisal to include tests for visual acuity and color vision.

ANALYSIS:

This bill would require the appraisal to also include a test for binocular function. The bill would provide that the binocular function appraisal need not begin until the pupil has reached the 3rd grade and would authorize the binocular function appraisal to include a validated symptom survey, as specified.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator Wright
(Coauthor: Assembly Member Mitchell)

February 21, 2013

An act to amend Section 49455 of the Education Code, relating to pupil health.

LEGISLATIVE COUNSEL'S DIGEST

SB 430, as introduced, Wright. Pupil health: vision appraisal: binocular function.

Existing law requires, upon first enrollment in a California school district of a child at a California elementary school, and at least every 3rd year thereafter until the child has completed the 8th grade, the child's vision to be appraised by the school nurse or other authorized person, as specified. Existing law requires this appraisal to include tests for visual acuity and color vision.

This bill would require the appraisal to also include a test for binocular function. The bill would provide that the binocular function appraisal need not begin until the pupil has reached the 3rd grade and would authorize the binocular function appraisal to include a validated symptom survey, as specified. By requiring a school nurse or other authorized person to test for binocular function, the bill would impose a state-mandated local program.

This bill would also make nonsubstantive changes to this provision.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state,

reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 49455 of the Education Code is amended
2 to read:

3 49455. (a) Upon first enrollment in a California school district
4 of a ~~child~~ *pupil* at a California elementary school, and at least every
5 third year thereafter until the ~~child~~ *pupil* has completed the ~~eighth~~
6 *8th* grade, the ~~child's~~ *pupil's* vision shall be appraised by the school
7 nurse or other authorized person under Section 49452. This
8 ~~evaluation appraisal~~ shall include tests for visual acuity, *binocular*
9 *function*, and color vision; however, color vision shall be appraised
10 once and only on male ~~children~~, *pupils*, and the results of the
11 appraisal shall be entered in the health record of the pupil. Color
12 vision appraisal need not begin until the male pupil has reached
13 the first grade. *Binocular function appraisal need not begin until*
14 *the pupil has reached the 3rd grade*. Gross external observation
15 of the ~~child's~~ *pupil's* eyes, visual performance, and perception
16 shall be done by the school nurse and the classroom teacher. The
17 ~~evaluation appraisal~~ may be waived, if the ~~child's~~ *pupil's* parents
18 so desire, by their presenting of a certificate from a physician and
19 surgeon, a physician assistant practicing in compliance with
20 Chapter 7.7 (commencing with Section 3500) of Division 2 of the
21 Business and Professions Code, or an optometrist setting out the
22 results of a determination of the ~~child's~~ *pupil's* vision, including
23 visual acuity, *binocular function*, and color vision.

24 ~~The provisions of this~~

25 (b) ~~This section shall not apply to any child~~ *a pupil* whose
26 parents or guardian file with the principal of the school in which
27 the ~~child~~ *pupil* is enrolling, a statement in writing that they adhere
28 to the faith or teachings of any well-recognized religious sect,
29 denomination, or organization and in accordance with its creed,
30 tenets, or principles depend for healing upon prayer in the practice
31 of their religion.

32 (c) *The binocular function appraisal required by subdivision*

33 (a) *may include a validated symptom survey developed during a*

1 *National Institute of Health clinical trial and published for use in*
2 *the public domain.*

3 SEC. 2. If the Commission on State Mandates determines
4 that this act contains costs mandated by the state, reimbursement
5 to local agencies and school districts for those costs shall be made
6 pursuant to Part 7 (commencing with Section 17500) of Division
7 4 of Title 2 of the Government Code.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Padilla	BILL NUMBER:	SB 440
SPONSOR:		BILL STATUS:	Committee on Education
SUBJECT:	Public postsecondary education: Student Transfer Achievement Reform Act	DATE LAST AMENDED:	

SUMMARY:

(1) Existing law establishes the California Community Colleges and the California State University as 2 of the segments of public postsecondary education in this state. Existing law, the Student Transfer Achievement Reform Act (act), encourages community colleges to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer. The act also requires the California State University to guarantee admission with junior status to a community college student who meets the requirements for the associate degree for transfer. A student admitted to the California State University pursuant to the act is entitled to receive priority over all other community college transfer students, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year.

ANALYSIS:

This bill would express the finding and declaration of the Legislature that intersegmental faculty of the California Community Colleges and the California State University have developed transfer model curricula in many of the most commonly transferred majors between the 2 segments. The bill would express the intent of the Legislature to endorse and encourage the use of transfer model curricula as the preferred basis for associate degrees for transfer and the development of community

college areas of emphasis that articulate with the 25 most popular majors for transfer students. The bill would require community college districts to create an associate degree for transfer in every major offered by that district that has an approved transfer model curriculum before the commencement of the 2014-15 academic year, thereby imposing a state-mandated local program. The bill would require California State University campuses to accept transfer model curriculum-aligned associate degrees for transfer in each of the California State University degree options, as defined, within a major field.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator Padilla

February 21, 2013

An act to amend Sections 66746 and 66747 of the Education Code, relating to public postsecondary education.

LEGISLATIVE COUNSEL'S DIGEST

SB 440, as introduced, Padilla. Public postsecondary education: Student Transfer Achievement Reform Act.

(1) Existing law establishes the California Community Colleges and the California State University as 2 of the segments of public postsecondary education in this state. Existing law, the Student Transfer Achievement Reform Act (act), encourages community colleges to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer. The act also requires the California State University to guarantee admission with junior status to a community college student who meets the requirements for the associate degree for transfer. A student admitted to the California State University pursuant to the act is entitled to receive priority over all other community college transfer students, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year.

This bill would express the finding and declaration of the Legislature that intersegmental faculty of the California Community Colleges and the California State University have developed transfer model curricula in many of the most commonly transferred majors between the 2 segments. The bill would express the intent of the Legislature to endorse and encourage the use of transfer model curricula as the preferred basis for associate degrees for transfer and the development of community

college areas of emphasis that articulate with the 25 most popular majors for transfer students. The bill would require community college districts to create an associate degree for transfer in every major offered by that district that has an approved transfer model curriculum before the commencement of the 2014-15 academic year, thereby imposing a state-mandated local program.

The bill would require California State University campuses to accept transfer model curriculum-aligned associate degrees for transfer in each of the California State University degree options, as defined, within a major field.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. (a) The Legislature finds and declares that
- 2 intersegmental faculty of the California Community Colleges and
- 3 the California State University have developed transfer model
- 4 curricula in many of the most commonly transferred majors to
- 5 facilitate the transfer of students from community colleges to the
- 6 California State University.
- 7 (b) It is the intent of the Legislature to do both of the following:
- 8 (1) Endorse and encourage both of the following:
- 9 (A) The use of transfer model curricula as the preferred basis
- 10 for associate degrees for transfer.
- 11 (B) The development of community college areas of emphasis
- 12 that articulate with the 25 most popular major courses of study for
- 13 students transferring from a community college to a campus of the
- 14 California State University.
- 15 (2) Establish appropriate steps to be taken by campuses of the
- 16 California Community Colleges or the California State University
- 17 that fail to meet, in a timely manner, the requirements of Sections

1 66746 and 66747 of the Education Code, as those sections are
2 amended in this act.

3 SEC. 2. Section 66746 of the Education Code is amended to
4 read:

5 66746. (a) Commencing with the fall term of the 2011–12
6 academic year, a student who earns an associate degree for transfer
7 granted pursuant to subdivision (b) shall be deemed eligible for
8 transfer into a California State University baccalaureate program
9 when the student meets both of the following requirements:

10 (1) Completion of 60 semester units or 90 quarter units that are
11 eligible for transfer to the California State University, including
12 both of the following:

13 (A) The Intersegmental General Education Transfer Curriculum
14 (IGETC) or the California State University General
15 Education-Breadth Requirements.

16 (B) A minimum of 18 semester units or 27 quarter units in a
17 major or area of emphasis, as determined by the community college
18 district.

19 (2) Obtainment of a minimum grade point average of 2.0.

20 (b) (1) As a condition of receipt of state apportionment funds,
21 a community college district shall develop and grant associate
22 degrees for transfer that meet the requirements of subdivision (a).
23 A community college district shall not impose any requirements
24 in addition to the requirements of this section, including any local
25 college or district requirements, for a student to be eligible for the
26 associate degree for transfer and subsequent admission to the
27 California State University pursuant to Section 66747. *A community
28 college district shall, before the commencement of the 2014–15
29 academic year, create an associate degree for transfer in every
30 major offered by that district that has an approved transfer model
31 curriculum.*

32 (2) The condition of receipt of state apportionment funding
33 contained in paragraph (1) shall become inoperative if, by
34 December 31, 2010, each of the state's 72 community college
35 districts has submitted to the Chancellor of the California
36 Community Colleges, for transmission to the Director of Finance,
37 signed certification waiving, as a local agency request within the
38 meaning of paragraph (1) of subdivision (a) of Section 6 of Article
39 XIII B of the California Constitution, any claim of reimbursement
40 related to the implementation of this article.

(c) A community college district is encouraged to consider the local articulation agreements and other work between the respective faculties from the affected community college and California State University campuses in implementing the requirements of this section.

(d) Community colleges are encouraged to facilitate the acceptance of credits earned at other community colleges toward the associate degree for transfer pursuant to this section.

(e) This section shall not preclude students who are assessed below collegiate level from acquiring remedial noncollegiate level coursework in preparation for obtaining the associate degree. Remedial noncollegiate level coursework shall not be counted as part of the transferable units required pursuant to paragraph (1) of subdivision (a).

SEC. 3. Section 66747 of the Education Code is amended to read:

66747. (a) Notwithstanding Chapter 4 (commencing with Section 66201), the California State University shall guarantee admission with junior status to any community college student who meets all of the requirements of Section 66746. Admission to the California State University, as provided under this article, does not guarantee admission for specific majors or campuses. Notwithstanding Chapter 4 (commencing with Section 66201), the California State University shall grant a student priority admission to his or her local California State University campus and to a program or major that is similar to his or her community college major or area of emphasis, as determined by the California State University campus to which the student is admitted. ~~A student~~ *A California State University campus shall accept transfer model curriculum-aligned associate degrees for transfer in each of the California State University degree options within a major field. As used in this section, a “degree option” is an area of specialization within a degree program.*

(b) A student admitted under this article shall receive priority over all other community college transfer students, in accordance with subdivision (b) of Section 66202, excluding community college students who have entered into a transfer agreement between a community college and the California State University prior to the fall term of the 2012–13 academic year. A student admitted pursuant to this article shall have met the requirements

1 of an approved transfer agreement consistent with subdivision (a)
2 of Section 66202.

3 SEC. 4. If the Commission on State Mandates determines that
4 this act contains costs mandated by the state, reimbursement to
5 local agencies and school districts for those costs shall be made
6 pursuant to Part 7 (commencing with Section 17500) of Division
7 4 of Title 2 of the Government Code.

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**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	De León	BILL NUMBER:	SB 532
SPONSOR:		BILL STATUS:	Committee on Rules
SUBJECT:	Professions and vocations: military spouses: temporary licenses	DATE LAST AMENDED:	

SUMMARY:

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Under existing law, licensing fees imposed by certain boards within the department are deposited in funds that are continuously appropriated.

Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

ANALYSIS:

This bill would make a technical, nonsubstantive change to that provision.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator De León

February 21, 2013

An act to amend Section 115.5 of the Business and Professions Code, relating to professions and vocations.

LEGISLATIVE COUNSEL'S DIGEST

SB 532, as introduced, De León. Professions and vocations: military spouses: temporary licenses.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law provides for the issuance of reciprocal licenses in certain fields where the applicant, among other requirements, has a license to practice within that field in another jurisdiction, as specified. Under existing law, licensing fees imposed by certain boards within the department are deposited in funds that are continuously appropriated. Existing law requires a board within the department to expedite the licensure process for an applicant who holds a current license in another jurisdiction in the same profession or vocation and who supplies satisfactory evidence of being married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders.

This bill would make a technical, nonsubstantive change to that provision.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 115.5 of the Business and Professions
2 Code is amended to read:

3 115.5. (a) A board within the department shall expedite the
4 licensure process for an applicant who meets both of the following
5 requirements:

6 (1) Supplies evidence satisfactory to the board that the applicant
7 is married to, or in a domestic partnership or other legal union
8 with, an active duty member of the Armed Forces of the United
9 States who is assigned to a duty station in this state under official
10 active duty military orders.

11 (2) Holds a current license in another state, district, or territory
12 of the United States in the profession or vocation for which he or
13 she seeks a license from the board.

14 (b) A board may adopt *any* regulations necessary to administer
15 this section.

BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013

BILL ANALYSIS

AUTHOR:	Yee	BILL NUMBER:	SB 718
SPONSOR:		BILL STATUS:	Committee on Health
SUBJECT:	Hospitals: workplace violence prevention plan	DATE LAST AMENDED:	

SUMMARY:

Existing law regulates the operation of health facilities, including hospitals. Existing law, the California Occupational Safety and Health Act of 1973, imposes safety responsibilities on employers and employees, including the requirement that an employer establish, implement, and maintain an effective injury prevention program, and makes specified violation of these provisions a crime.

ANALYSIS:

This bill would require a hospital, as specified, as a part of its injury prevention program and in conjunction with affected employees, to adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. As part of that plan, the bill would require a hospital to adopt safety and security policies, including, among others, a system for the reporting to the Division of Occupational Safety and Health of any incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified. The bill would further require all medical staff and health care workers who provide direct care to patients to receive, at least annually, workplace violence prevention education and training, as specified. The bill would prohibit a hospital from preventing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and intervention from local emergency services or law enforcement for a violent incident. The bill would also require a hospital to provide evaluation and treatment, as specified, for an employee who is injured or is otherwise a victim of a violent incident.

The bill would require a hospital to report to the division any incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified, and would authorize the division to assess a civil penalty against a hospital for failure to report an incident, as specified. The bill would further require the division to report to the relevant fiscal and policy committees of the Legislature information regarding incidents of violence at hospitals, as specified.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator Yee

February 22, 2013

An act to add Section 6401.8 to the Labor Code, relating to employment safety.

LEGISLATIVE COUNSEL'S DIGEST

SB 718, as introduced, Yee. Hospitals: workplace violence prevention plan.

Existing law regulates the operation of health facilities, including hospitals.

Existing law, the California Occupational Safety and Health Act of 1973, imposes safety responsibilities on employers and employees, including the requirement that an employer establish, implement, and maintain an effective injury prevention program, and makes specified violation of these provisions a crime.

This bill would require a hospital, as specified, as a part of its injury prevention program and in conjunction with affected employees, to adopt a workplace violence prevention plan designed to protect health care workers, other facility personnel, patients, and visitors from aggressive or violent behavior. As part of that plan, the bill would require a hospital to adopt safety and security policies, including, among others, a system for the reporting to the Division of Occupational Safety and Health of any incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified. The bill would further require all medical staff and health care workers who provide direct care to patients to receive, at least annually, workplace violence prevention education and training, as specified. The bill would prohibit a hospital from preventing an employee from, or taking punitive or retaliatory action against an employee for, seeking assistance and

intervention from local emergency services or law enforcement for a violent incident. The bill would also require a hospital to provide evaluation and treatment, as specified, for an employee who is injured or is otherwise a victim of a violent incident.

The bill would require a hospital to report to the division any incident of assault, as defined, or battery, as defined, against a hospital employee or patient, as specified, and would authorize the division to assess a civil penalty against a hospital for failure to report an incident, as specified. The bill would further require the division to report to the relevant fiscal and policy committees of the Legislature information regarding incidents of violence at hospitals, as specified.

Because this bill would expand the scope of a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 6401.8 is added to the Labor Code, to
- 2 read:
- 3 6401.8. (a) As a part of its injury prevention program required
- 4 pursuant to Section 6401.7, a hospital licensed pursuant to
- 5 subdivisions (a), (b), or (f) of Section 1250 of the Health and Safety
- 6 Code shall adopt a workplace violence prevention plan designed
- 7 to protect health care workers, other facility personnel, patients,
- 8 and visitors from aggressive or violent behavior. The plan shall
- 9 include, but not be limited to, security considerations relating to
- 10 all of the following:
- 11 (1) Physical layout.
- 12 (2) Staffing, including staffing patterns and patient classification
- 13 systems that contribute to the risk of violence or are insufficient
- 14 to address the risk of violence.
- 15 (3) The adequacy of facility security systems, protocols, and
- 16 policies, including, but not limited to, security personnel
- 17 availability.

1 (4) Potential security risks associated with specific units or areas
2 within the facility where there is a greater likelihood that a patient
3 or other person may exhibit violent behavior.

4 (5) Uncontrolled public access to any part of the facility.

5 (6) Potential security risks related to working late-night or early
6 morning hours.

7 (7) Employee security in areas surrounding the facility,
8 including, but not limited to, employee parking areas.

9 (8) The use of a trained response team that can assist employees
10 in violent situations.

11 (9) Policy and training related to appropriate responses to violent
12 acts.

13 (10) Efforts to cooperate with local law enforcement regarding
14 violent acts in the facility.

15 (b) As part of its workplace violence prevention plan, a hospital
16 shall adopt safety and security policies, including, but not limited
17 to, all of the following:

18 (1) Personnel training policies designed to protect personnel,
19 patients, and visitors from aggressive or violent behavior, including
20 education on how to recognize the potential for violence, how and
21 when to seek assistance to prevent or respond to violence, and how
22 to report incidents of violence to the appropriate law enforcement
23 officials.

24 (2) A system for responding to incidents and situations involving
25 violence or the risk of violence, including, but not limited to,
26 procedures for rapid response by which an employee is provided
27 with immediate assistance if the threat of violence against that
28 employee appears to be imminent, or if a violent act has occurred
29 or is occurring.

30 (3) A system for investigating violent incidents and situations
31 involving violence or the risk of violence. When investigating
32 these incidents, the hospital shall interview any employee involved
33 in the incident or situation.

34 (4) A system for reporting, monitoring, and recordkeeping of
35 violent incidents and situations involving the risk of violence.

36 (5) A system for reporting incidents of violence to the division
37 pursuant to subdivision (h).

38 (6) Modifications to job design, staffing, security, equipment,
39 or facilities as determined necessary to prevent or address violence
40 against hospital employees.

(c) The plan shall be developed in conjunction with affected employees, including their recognized collective bargaining agents, if any. Individuals or members of a hospital committee responsible for developing the security plan shall be familiar with hospital safety and security issues, as well as the identification of aggressive and violent predicting factors. In developing the workplace violence prevention plan, the hospital shall consider guidelines or standards on violence in health care facilities issued by the division, the federal Occupational Safety and Health Administration, and, if available, the State Department of Public Health.

(d) All medical staff and health care workers who provide direct care to patients shall, at least annually, receive workplace violence prevention education and training that is designed in such a way as to provide an opportunity for interactive questions and answers with a person knowledgeable about the workplace violence prevention plan, and that includes, but is not limited to, the following topics:

- (1) General safety measures.
- (2) Personal safety measures.
- (3) The assault cycle.
- (4) Aggression and violence predicting factors.
- (5) Obtaining patient history from a patient with violent behavior.
- (6) Characteristics of aggressive and violent patients and victims.
- (7) Verbal and physical maneuvers to diffuse and avoid violent behavior.
- (8) Strategies to avoid physical harm.
- (9) Restraining techniques.
- (10) Appropriate use of medications as chemical restraints.
- (11) Any resources available to employees for coping with incidents of violence, including, by way of example, critical incident stress debriefing or employee assistance programs.

(e) All temporary personnel shall be oriented to the workplace violence prevention plan.

(f) A hospital shall provide evaluation and treatment for an employee who is injured or is otherwise a victim of a violent incident and shall, upon the request of the employee, provide access to followup counseling to address trauma or distress experienced by the employee, including, but not limited to, individual crisis

1 counseling, support group counseling, peer assistance, and
2 professional referrals.

3 (g) A hospital shall not prohibit an employee from, or take
4 punitive or retaliatory action against an employee for, seeking
5 assistance and intervention from local emergency services or law
6 enforcement when a violent incident occurs.

7 (h) (1) A hospital shall report to the division any incident of
8 assault, as defined in Section 240 of the Penal Code, or battery, as
9 defined in Section 242 of the Penal Code, against a hospital
10 employee or patient that is committed by a patient or a person
11 accompanying a patient. This report shall include, but not be
12 limited to, the date and time of the incident, whether the victim
13 was a hospital employee or a patient, the unit in which the incident
14 occurred, a description of the circumstances surrounding the
15 incident, and the hospital's response to the incident.

16 (2) A hospital shall report an incident to which paragraph (1)
17 applies to the division within 72 hours. If the incident results in
18 injury, involves the use of a firearm or other dangerous weapon,
19 or presents an urgent or emergent threat to the welfare, health, or
20 safety of hospital personnel, the hospital shall report the incident
21 to the division within 24 hours.

22 (3) If a hospital fails to report an incident of assault or battery
23 pursuant to subdivision (f), the division may assess a civil penalty
24 against the hospital in an amount not to exceed one hundred dollars
25 (\$100) per day for each day that the incident is not reported
26 following the initial 72-hour or 24-hour period, as applicable
27 pursuant to paragraph (2).

28 (i) (1) By January 1, 2015, and annually thereafter, the division
29 shall report to the relevant fiscal and policy committees of the
30 Legislature, in a manner that protects patient and employee
31 confidentiality, information regarding incidents of violence at
32 hospitals, that includes, but is not limited to, the total number of
33 reports and which specific hospitals filed reports pursuant to
34 subdivision (h), the outcome of any related inspection or
35 investigation, citations levied against a hospital based on an
36 incident of workplace violence, and recommendations on how to
37 prevent incidents of workplace violence at hospitals.

38 (2) The requirement for submitting a report imposed pursuant
39 to this subdivision is inoperative on January 1, 2019, pursuant to
40 Section 10231.5 of the Government Code.

1 (3) A report to be submitted pursuant to this subdivision shall
2 be submitted in compliance with Section 9795 of the Government
3 Code.

4 SEC. 2. No reimbursement is required by this act pursuant to
5 Section 6 of Article XIII B of the California Constitution because
6 the only costs that may be incurred by a local agency or school
7 district will be incurred because this act creates a new crime or
8 infraction, eliminates a crime or infraction, or changes the penalty
9 for a crime or infraction, within the meaning of Section 17556 of
10 the Government Code, or changes the definition of a crime within
11 the meaning of Section 6 of Article XIII B of the California
12 Constitution.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	Correa	BILL NUMBER:	SB 723
SPONSOR:		BILL STATUS:	Committee on Labor and Industrial Relations
SUBJECT:	Veterans	DATE LAST AMENDED:	

SUMMARY:

Existing law requires the Employment Development Department, in consultation and coordination with veterans' organizations and veteran service providers, to research the needs of veterans throughout the state and develop a profile of veterans' employment and training needs and to seek federal funding for those purposes.

ANALYSIS:

This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature addressing specified matters relating to military training programs and state credentialing programs.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

Introduced by Senator Correa

February 22, 2013

An act to add Section 325.51 to the Unemployment Insurance Code, relating to veterans.

LEGISLATIVE COUNSEL'S DIGEST

SB 723, as introduced, Correa. Veterans.

Existing law requires the Employment Development Department, in consultation and coordination with veterans' organizations and veteran service providers, to research the needs of veterans throughout the state and develop a profile of veterans' employment and training needs and to seek federal funding for those purposes.

This bill would require the Employment Development Department and the Department of Consumer Affairs, on or before January 1, 2015, jointly to present a report to the Legislature addressing specified matters relating to military training programs and state credentialing programs.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 325.51 is added to the Unemployment
- 2 Insurance Code, to read:
- 3 325.51. The Employment Development Department and the
- 4 Department of Consumer Affairs, on or before January 1, 2015,
- 5 jointly shall present a report to the Legislature containing all of
- 6 the following:

- 1 (a) Best practices by state governments around the nation in
- 2 facilitating the credentialing of veterans by using their documented
- 3 military education and experience.
- 4 (b) Military occupational specialties within all branches of the
- 5 United States Armed Forces that readily transfer to high-demand
- 6 civilian jobs.
- 7 (c) The departments' past and current efforts to collaborate with
- 8 key public and private sector stakeholders to address the gaps
- 9 between military training programs and state credentialing
- 10 programs with respect to at least five specific vocations or
- 11 professions that are credentialed or licensed by the Department of
- 12 Consumer Affairs.

**BOARD OF REGISTERED NURSING
LEGISLATIVE COMMITTEE
April 10, 2013**

BILL ANALYSIS

AUTHOR:	DeSaulnier	BILL NUMBER:	SB 809
SPONSOR:		BILL STATUS:	Committee on Business, Professions and Economic Development
SUBJECT:	Controlled substances: reporting	DATE LAST AMENDED:	

SUMMARY:

The following paragraphs reflect the provisions most relevant to the Board of Registered Nursing:

Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

Existing law permits a licensed health care practitioner, as specified, or a pharmacist to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care.

Existing law also authorizes the Department of Justice to provide the history of controlled substances dispensed to an individual to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

Existing law imposes various taxes, including taxes on the privilege of engaging in certain activities. The Fee Collection Procedures Law, the violation of which is a crime, provides procedures for the collection of certain fees and surcharges.

ANALYSIS:

This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill would require the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, and the California Board of Podiatric Medicine to increase the licensure, certification, and renewal fees charged to practitioners under their supervision who are authorized to prescribe or dispense controlled substances, by up to 1.16%, the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified.

This bill would require licensed health care practitioners, as specified, and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care, and, upon the happening of specified events, to access and consult that information prior to prescribing or dispensing Schedule II, Schedule III, or Schedule IV controlled substances.

BOARD POSITION:

LEGISLATIVE COMMITTEE RECOMMENDED POSITION:

SUPPORT:

OPPOSE:

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Note: This bill would declare that it is to take effect immediately as an urgency statute.

Introduced by Senators DeSaulnier and Steinberg
(Coauthors: Senators Hancock, Lieu, Pavley, and Price)

(Coauthor: Assembly Member Blumenfield)

February 22, 2013

An act to add Section 805.8 to the Business and Professions Code, to amend Sections 11165 and 11165.1 of the Health and Safety Code, and to add Part 21 (commencing with Section 42001) to Division 2 of the Revenue and Taxation Code, relating to controlled substances, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 809, as introduced, DeSaulnier. Controlled substances: reporting.

(1) Existing law classifies certain controlled substances into designated schedules. Existing law requires the Department of Justice to maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

Existing law requires dispensing pharmacies and clinics to report, on a weekly basis, specified information for each prescription of Schedule II, Schedule III, or Schedule IV controlled substances, to the department, as specified.

This bill would establish the CURES Fund within the State Treasury to receive funds to be allocated, upon appropriation by the Legislature, to the Department of Justice for the purposes of funding CURES, and would make related findings and declarations.

This bill would require the Medical Board of California, the Dental Board of California, the California State Board of Pharmacy, the

Veterinary Medical Board, the Board of Registered Nursing, the Physician Assistant Committee of the Medical Board of California, the Osteopathic Medical Board of California, the State Board of Optometry, and the California Board of Podiatric Medicine to increase the licensure, certification, and renewal fees charged to practitioners under their supervision who are authorized to prescribe or dispense controlled substances, by up to 1.16%, the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified. This bill would also require the California State Board of Pharmacy to increase the licensure, certification, and renewal fees charged to wholesalers, nonresident wholesalers, and veterinary food-animal drug retailers under their supervision by up to 1.16%, the proceeds of which would be deposited into the CURES Fund for support of CURES, as specified.

(2) Existing law permits a licensed health care practitioner, as specified, or a pharmacist to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care. Existing law also authorizes the Department of Justice to provide the history of controlled substances dispensed to an individual to licensed health care practitioners, pharmacists, or both, providing care or services to the individual.

This bill would require licensed health care practitioners, as specified, and pharmacists to apply to the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient under his or her care, and, upon the happening of specified events, to access and consult that information prior to prescribing or dispensing Schedule II, Schedule III, or Schedule IV controlled substances.

(3) Existing law imposes various taxes, including taxes on the privilege of engaging in certain activities. The Fee Collection Procedures Law, the violation of which is a crime, provides procedures for the collection of certain fees and surcharges.

This bill would impose a tax upon qualified manufacturers, as defined, for the privilege of doing business in this state, as specified. This bill would also impose a tax upon specified insurers, as defined, for the privilege of doing business in this state, as specified. The tax would be administered by the State Board of Equalization and would be collected pursuant to the procedures set forth in the Fee Collection Procedures Law. The bill would require the board to deposit all taxes, penalties, and interest collected pursuant to these provisions in the CURES Fund,

as provided. Because this bill would expand application of the Fee Collection Procedures Law, the violation of which is a crime, it would impose a state-mandated local program.

(4) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

(5) This bill would declare that it is to take effect immediately as an urgency statute.

Vote: $\frac{2}{3}$. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:
3 (a) The Controlled Substance Utilization Review and Evaluation
4 System (CURES) is a valuable investigative, preventive, and
5 educational tool for law enforcement, regulatory boards,
6 educational researchers, and the health care community. Recent
7 budget cuts to the Attorney General's Division of Law Enforcement
8 have resulted in insufficient funding to support the CURES
9 Prescription Drug Monitoring Program (PDMP). The PDMP is
10 necessary to ensure health care professionals have the necessary
11 data to make informed treatment decisions and to allow law
12 enforcement to investigate diversion of prescription drugs. Without
13 a dedicated funding source, the CURES PDMP is not sustainable.
14 (b) Each year CURES responds to more than 60,000 requests
15 from practitioners and pharmacists regarding all of the following:
16 (1) Helping identify and deter drug abuse and diversion of
17 prescription drugs through accurate and rapid tracking of Schedule
18 II, Schedule III, and Schedule IV controlled substances.
19 (2) Helping practitioners make better prescribing decisions.
20 (3) Helping reduce misuse, abuse, and trafficking of those drugs.
21 (c) Schedule II, Schedule III, and Schedule IV controlled
22 substances have had deleterious effects on private and public
23 interests, including the misuse, abuse, and trafficking in dangerous
24 prescription medications resulting in injury and death. It is the
25 intent of the Legislature to work with stakeholders to fully fund

1 the operation of CURES which seeks to mitigate those deleterious
2 effects, and which has proven to be a cost-effective tool to help
3 reduce the misuse, abuse, and trafficking of those drugs.

4 SEC. 2. Section 805.8 is added to the Business and Professions
5 Code, to read:

6 805.8. (a) (1) The Medical Board of California, the Dental
7 Board of California, the California State Board of Pharmacy, the
8 Veterinary Medical Board, the Board of Registered Nursing, the
9 Physician Assistant Committee of the Medical Board of California,
10 the Osteopathic Medical Board of California, the State Board of
11 Optometry, and the California Board of Podiatric Medicine shall
12 increase the licensure, certification, and renewal fees charged to
13 practitioners under their supervision who are authorized pursuant
14 to Section 11150 of the Health and Safety Code to prescribe or
15 dispense Schedule II, Schedule III, or Schedule IV controlled
16 substances by up to 1.16 percent annually, but in no case shall the
17 fee increase exceed the reasonable costs associated with
18 maintaining CURES for the purpose of regulating prescribers and
19 dispensers of controlled substances licensed or certificated by these
20 boards.

21 (2) The California State Board of Pharmacy shall increase the
22 licensure, certification, and renewal fees charged to wholesalers
23 and nonresident wholesalers of dangerous drugs, licensed pursuant
24 to Article 11 (commencing with Section 4160) of Chapter 9, by
25 up to 1.16 percent annually, but in no case shall the fee increase
26 exceed the reasonable costs associated with maintaining CURES
27 for the purpose of regulating wholesalers and nonresident
28 wholesalers of dangerous drugs licensed or certificated by that
29 board.

30 (3) The California State Board of Pharmacy shall increase the
31 licensure, certification, and renewal fees charged to veterinary
32 food-animal drug retailers, licensed pursuant to Article 15
33 (commencing with Section 4196) of Chapter 9, by up to 1.16
34 percent annually, but in no case shall the fee increase exceed the
35 reasonable costs associated with maintaining CURES for the
36 purpose of regulating veterinary food-animal drug retailers licensed
37 or certificated by that board.

38 (b) The funds collected pursuant to subdivision (a) shall be
39 deposited in the CURES accounts, which are hereby created, within
40 the Contingent Fund of the Medical Board of California, the State

Dentistry Fund, the Pharmacy Board Contingent Fund, the Veterinary Medical Board Contingent Fund, the Board of Registered Nursing Fund, the Osteopathic Medical Board of California Contingent Fund, the Optometry Fund, and the Board of Podiatric Medicine Fund. Moneys in the CURES accounts of each of those funds shall, upon appropriation by the Legislature, be available to the Department of Justice solely for maintaining CURES for the purposes of regulating prescribers and dispensers of controlled substances. All moneys received by the Department of Justice pursuant to this section shall be deposited in the CURES Fund described in Section 11165 of the Health and Safety Code.

SEC. 3. Section 11165 of the Health and Safety Code is amended to read:

11165. (a) To assist law enforcement and regulatory agencies in their efforts to control the diversion and resultant abuse of Schedule II, Schedule III, and Schedule IV controlled substances, and for statistical analysis, education, and research, the Department of Justice shall, contingent upon the availability of adequate funds ~~from in the CURES accounts within~~ the Contingent Fund of the Medical Board of California, the Pharmacy Board Contingent Fund, the State Dentistry Fund, the Board of Registered Nursing Fund, ~~and the Osteopathic Medical Board of California Contingent Fund, the~~ *Veterinary Medical Board Contingent Fund, the Optometry Fund, the Board of Podiatric Medicine Fund, and the CURES Fund*, maintain the Controlled Substance Utilization Review and Evaluation System (CURES) for the electronic monitoring of, and Internet access to information regarding, the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances.

(b) The reporting of Schedule III and Schedule IV controlled substance prescriptions to CURES shall be contingent upon the availability of adequate funds ~~from for~~ the Department of Justice ~~for the purpose of finding CURES~~. The department may seek and use grant funds to pay the costs incurred from the reporting of controlled substance prescriptions to CURES. ~~Funds~~ *The department shall make information about the amount and the source of all private grant funds it receives for support of CURES available to the public. Grant funds shall not be appropriated from the Contingent Fund of the Medical Board of California, the*

1 Pharmacy Board Contingent Fund, the State Dentistry Fund, the
2 Board of Registered Nursing Fund, the Naturopathic Doctor's
3 Fund, or the Osteopathic Medical Board of California Contingent
4 Fund to pay the costs of reporting Schedule III and Schedule IV
5 controlled substance prescriptions to CURES.

6 (c) CURES shall operate under existing provisions of law to
7 safeguard the privacy and confidentiality of patients. Data obtained
8 from CURES shall only be provided to appropriate state, local,
9 and federal persons or public agencies for disciplinary, civil, or
10 criminal purposes and to other agencies or entities, as determined
11 by the Department of Justice, for the purpose of educating
12 practitioners and others in lieu of disciplinary, civil, or criminal
13 actions. Data may be provided to public or private entities, as
14 approved by the Department of Justice, for educational, peer
15 review, statistical, or research purposes, provided that patient
16 information, including any information that may identify the
17 patient, is not compromised. Further, data disclosed to any
18 individual or ~~agency~~ *agency*, as described in this ~~subdivision~~
19 *subdivision*, shall not be disclosed, sold, or transferred to any third
20 party.

21 (d) For each prescription for a Schedule II, Schedule III, or
22 Schedule IV controlled substance, as defined in the controlled
23 substances schedules in federal law and regulations, specifically
24 Sections 1308.12, 1308.13, and 1308.14, respectively, of Title 21
25 of the Code of Federal Regulations, the dispensing pharmacy or
26 clinic shall provide the following information to the Department
27 of Justice on a weekly basis and in a format specified by the
28 Department of Justice:

29 (1) Full name, address, and ~~the~~ telephone number of the ultimate
30 user or research subject, or contact information as determined by
31 the Secretary of the United States Department of Health and Human
32 Services, and the gender, and date of birth of the ultimate user.

33 (2) The prescriber's category of licensure and license ~~number~~;
34 ~~number~~, the federal controlled substance registration ~~number~~;
35 ~~number~~, and the state medical license number of any prescriber
36 using the federal controlled substance registration number of a
37 government-exempt facility.

38 (3) Pharmacy prescription number, license number, and federal
39 controlled substance registration number.

(4) ~~NDC (National Drug Code)~~ *National Drug Code (NDC)*
number of the controlled substance dispensed.

(5) Quantity of the controlled substance dispensed.

(6) ~~ICD-9 (diagnosis code)~~, *International Statistical Classification of Diseases, 9th revision (ICD-9) Code*, if available.

(7) Number of refills ordered.

(8) Whether the drug was dispensed as a refill of a prescription or as a first-time request.

(9) Date of origin of the prescription.

(10) Date of dispensing of the prescription.

(e) ~~This section shall become operative on January 1, 2005. The CURES Fund is hereby established within the State Treasury. The CURES Fund shall consist of all funds made available to the Department of Justice for the purpose of funding CURES. Money in the CURES Fund shall, upon appropriation by the Legislature, be available for allocation to the Department of Justice for the purpose of funding CURES.~~

SEC. 4. Section 11165.1 of the Health and Safety Code is amended to read:

11165.1. (a) (1) A licensed health care practitioner eligible to prescribe Schedule II, Schedule III, or Schedule IV controlled substances or a pharmacist ~~may~~ *shall* provide a notarized application developed by the Department of Justice to obtain approval to access information stored on the Internet regarding the controlled substance history of a patient maintained within the Department of Justice, ~~and~~ *and, upon approval*, the department ~~may~~ *shall* release to that practitioner or pharmacist, the electronic history of controlled substances dispensed to an individual under his or her care based on data contained in the CURES Prescription Drug Monitoring Program (PDMP).

(A) An application may be denied, or a subscriber may be suspended, for reasons which include, but are not limited to, the following:

(i) Materially falsifying an application for a subscriber.

(ii) Failure to maintain effective controls for access to the patient activity report.

(iii) Suspended or revoked federal Drug Enforcement Administration (DEA) registration.

(iv) Any subscriber who is arrested for a violation of law governing controlled substances or any other law for which the

1 possession or use of a controlled substance is an element of the
2 crime.

3 (v) Any subscriber accessing information for any other reason
4 than caring for his or her patients.

5 (B) Any authorized subscriber shall notify the Department of
6 Justice within 10 days of any changes to the subscriber account.

7 (2) To allow sufficient time for licensed health care practitioners
8 eligible to prescribe Schedule II, Schedule III, or Schedule IV
9 controlled substances and a pharmacist to apply and receive access
10 to PDMP, a written request may be made, until July 1, 2012, and
11 the Department of Justice may release to that practitioner or
12 pharmacist the history of controlled substances dispensed to an
13 individual under his or her care based on data contained in CURES.

14 (b) Any request for, or release of, a controlled substance history
15 pursuant to this section shall be made in accordance with guidelines
16 developed by the Department of Justice.

17 (c) ~~In~~ (1) *Until the Department of Justice has issued the*
18 *notification described in paragraph (3), in order to prevent the*
19 *inappropriate, improper, or illegal use of Schedule II, Schedule*
20 *III, or Schedule IV controlled substances, the Department of Justice*
21 *may initiate the referral of the history of controlled substances*
22 *dispensed to an individual based on data contained in CURES to*
23 *licensed health care practitioners, pharmacists, or both, providing*
24 *care or services to the individual.*

25 (2) *Upon the Department of Justice issuing the notification*
26 *described in paragraph (3) and approval of the application*
27 *required pursuant to subdivision (a), licensed health care*
28 *practitioners eligible to prescribe Schedule II, Schedule III, or*
29 *Schedule IV controlled substances and pharmacists shall access*
30 *and consult the electronic history of controlled substances*
31 *dispensed to an individual under his or her care prior to*
32 *prescribing or dispensing a Schedule II, Schedule III, or Schedule*
33 *IV controlled substance.*

34 (3) *The Department of Justice shall notify licensed health care*
35 *practitioners and pharmacists who have submitted the application*
36 *required pursuant to subdivision (a) when the department*
37 *determines that CURES is capable of accommodating the mandate*
38 *contained in paragraph (2). The department shall provide a copy*
39 *of the notification to the Secretary of the State, the Secretary of*
40 *the Senate, the Chief Clerk of the Assembly, and the Legislative*

1 *Counsel, and shall post the notification on the department's*
2 *Internet Web site.*

3 (d) The history of controlled substances dispensed to an
4 individual based on data contained in CURES that is received by
5 a practitioner or pharmacist from the Department of Justice
6 pursuant to this section shall be considered medical information
7 subject to the provisions of the Confidentiality of Medical
8 Information Act contained in Part 2.6 (commencing with Section
9 56) of Division 1 of the Civil Code.

10 (e) Information concerning a patient's controlled substance
11 history provided to a prescriber or pharmacist pursuant to this
12 section shall include prescriptions for controlled substances listed
13 in Sections 1308.12, 1308.13, and 1308.14 of Title 21 of the Code
14 of Federal Regulations.

15 SEC. 5. Part 21 (commencing with Section 42001) is added to
16 Division 2 of the Revenue and Taxation Code, to read:

17
18 PART 21. CONTROLLED SUBSTANCE UTILIZATION
19 REVIEW AND EVALUATION SYSTEM (CURES) TAX LAW
20

21 42001. For purposes of this part, the following definitions
22 apply:

23 (a) "Controlled substance " means a drug, substance, or
24 immediate precursor listed in any schedule in Section 11055,
25 11056, or 11057 of the Health and Safety Code.

26 (b) "Insurer" means a health insurer licensed pursuant to Part
27 2 (commencing with Section 10110) of Division 2 of the Insurance
28 Code, a health care service plan licensed pursuant to the
29 Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2
30 (commencing with Section 1340) of Division 2 of the Health and
31 Safety Code), and a workers' compensation insurer licensed
32 pursuant to Part 3 (commencing with Section 11550) of Division
33 2 of the Insurance Code.

34 (c) "Qualified manufacturer" means a manufacturer of a
35 controlled substance doing business in this state, as defined in
36 Section 23101, but does not mean a wholesaler or nonresident
37 wholesaler of dangerous drugs, regulated pursuant to Article 11
38 (commencing with Section 4160) of Chapter 9 of Division 2 of
39 the Business and Professions Code, a veterinary food-animal drug
40 retailer, regulated pursuant to Article 15 (commencing with Section

1 4196) of Chapter 9 of Division 2 of the Business and Professions
2 Code, or an individual regulated by the Medical Board of
3 California, the Dental Board of California, the California State
4 Board of Pharmacy, the Veterinary Medical Board, the Board of
5 Registered Nursing, the Physician Assistant Committee of the
6 Medical Board of California, the Osteopathic Medical Board of
7 California, the State Board of Optometry, or the California Board
8 of Podiatric Medicine.

9 42003. (a) For the privilege of doing business in this state, an
10 annual tax is hereby imposed on all qualified manufacturers in an
11 amount of ____ dollars (\$____), for the purpose of establishing
12 and maintaining enforcement of the Controlled Substance
13 Utilization Review and Evaluation System (CURES), established
14 pursuant to Section 11165 of the Health and Safety Code.

15 (b) For the privilege of doing business in this state, a tax is
16 hereby imposed on a one time basis on all insurers in an amount
17 of ____ dollars (\$____), for the purpose of upgrading CURES.

18 42005. Each qualified manufacturer and insurer shall prepare
19 and file with the board a return, in the form prescribed by the board,
20 containing information as the board deems necessary or appropriate
21 for the proper administration of this part. The return shall be filed
22 on or before the last day of the calendar month following the
23 calendar quarter to which it relates, together with a remittance
24 payable to the board for the amount of tax due for that period.

25 42007. The board shall administer and collect the tax imposed
26 by this part pursuant to the Fee Collection Procedures Law (Part
27 30 (commencing with Section 55001)). For purposes of this part,
28 the references in the Fee Collection Procedures Law (Part 30
29 (commencing with Section 55001)) to “fee” shall include the tax
30 imposed by this part and references to “feepayer” shall include a
31 person required to pay the tax imposed by this part.

32 42009. All taxes, interest, penalties, and other amounts
33 collected pursuant to this part, less refunds and costs of
34 administration, shall be deposited into the CURES Fund.

35 42011. The board shall prescribe, adopt, and enforce rules and
36 regulations relating to the administration and enforcement of this
37 part.

38 SEC. 6. No reimbursement is required by this act pursuant to
39 Section 6 of Article XIII B of the California Constitution because
40 the only costs that may be incurred by a local agency or school

1 district will be incurred because this act creates a new crime or
2 infraction, eliminates a crime or infraction, or changes the penalty
3 for a crime or infraction, within the meaning of Section 17556 of
4 the Government Code, or changes the definition of a crime within
5 the meaning of Section 6 of Article XIII B of the California
6 Constitution.

7 SEC. 7. This act is an urgency statute necessary for the
8 immediate preservation of the public peace, health, or safety within
9 the meaning of Article IV of the Constitution and shall go into
10 immediate effect. The facts constituting the necessity are:

11 In order to protect the public from the continuing threat of
12 prescription drug abuse at the earliest possible time, it is necessary
13 this act take effect immediately.

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.1

DATE: April 10, 2013

ACTION REQUESTED: Information Only: Complaint Intake and Investigations Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATES

COMPLAINT INTAKE:

Staff

We have filled the position to replace one of our OTs who transferred to the Discipline Unit and await fingerprint clearance before we set a start date. Due to lack of competitive compensation, we have been unable to recruit an NEC to cover the entire Enforcement Division.

Program

Of the 147,000 nurses licensed prior to 1990 who were required to retroactively fingerprint between 2009 and 2011, 5,261 were non-complaint. Letters were sent indicating if they did not show proof of fingerprint submission by their next renewal date; their license would be inactivated and sent to enforcement. Of this number, 1,222 still failed to provide proof of fingerprint submission. These licenses were inactivated and are being referred to Complaint Intake for issuance of a citation and fine for non-compliance.

Everyone in Complaint Intake has been trained on BreEZe. The training was very high level and addressed only how to navigate the screens, not how to incorporate business processes.

Our new BreEZe “Go Live” date is scheduled for May 13. To ensure the least amount of unit disruption when the system is implemented, all Complaint Intake unit staff met on February 20 to go over BreEZe functionality. We mapped the business processes and system interaction and identified new procedures required to support unit tasks. Staff was instructed to practice using the system two hours each day for a week. Additional hands on group training and procedure writing sessions are taking place two days per week until all procedure manuals are rewritten and staff feels competent to use the new system.

Having procedures in place and staff fully familiar with their new business processes is essential and has taken top priority. Therefore, as we turn our full attention to preparing for the new system, complaint intake productivity will suffer greatly – possibly for the next several weeks, thereby creating backlogs.

Statistics

For fiscal year 2012/13, as of February 28, 2013, we received 5,171 complaints. Projected out, it is estimated we will receive approximately 7,757 complaints by the end of this fiscal year. The average time to close a complaint **not referred to discipline** went from 164 days in July 2012 to 141 days.

INVESTIGATIONS:

Staff

Northern – We are fully staffed with one Supervising Special Investigator and seven Special Investigators.

Southern – We have filled the Special Investigator position for the LA/Orange County area and this individual has a start date of April 22. There will be another investigator opening in the near future we hope to start recruiting sometime in April.

Due to the number of So Cal cases and the difficulty in recruiting qualified Special Investigator candidates, we were approved to keep our retired annuitant until the end of the fiscal year.

Program

Both DOI and BRN Investigations have issued subpoenas to facilities unwilling to give us documents for our investigations. Some facilities continue to be non-compliant with subpoenas and we have forwarded them to the Attorney General's office to obtain court orders to enforce compliance.

In preparation for potential drug testing, our So Cal investigators completed Advanced Roadside Impaired Driving Enforcement (ARIDE) training, given free through the California Highway Patrol, on January 29-30, 2013 and No Cal completed the same training in Folsom, CA on March 7-8. Our plan is to use the mobile testing services from First Lab when it becomes available through the BRN Probation Unit.

Statistics

The following are internal numbers (end of month) across all investigators not broken out on the performance measurement report. Total cases unassigned reflect the loss of 32 cases pulled and returned to DOI for investigation. Due to staff turnover, BreEZe training, holidays, furloughs, and a short month, February numbers reflect a downturn in productivity. In addition, the average cost per case is widely skewed due to one large case that took many hours to investigate. Without that case, the average cost per case would have been \$3,725, a significant drop from January.

BRN Investigation Unit	Jan 2013	Feb 2013	Mar 2013	Apr 2013	May 2013	Jun 2013
Total cases assigned	268	341				
Total cases unassigned (pending)	135	136				
Average days to case completion	293	311				
Average cost per case	\$4,223	\$5,421				
Cases closed	19	13				

As of February 28, there were 643 DOI investigations pending.

Please review the enforcement statistics reports in 9.3 for additional breakdown of information.

NEXT STEP:

Continue filling vacant positions. Continue to review and adjust internal processes and monitor statistics for improvement in case processing time frames. Follow directions given by committee and/or board.

FINANCIAL IMPACT, IF ANY:

None at this time. Updates will be provided at each DDC meeting for review and possible action.

PERSON TO CONTACT:

Kathy Hodge, Deputy Chief, Complaints and Investigations
(916) 574-7678

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.2

DATE: April 10, 2013

ACTION REQUESTED: Information Only: Discipline and Probation Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

PROGRAM UPDATE

Staff

The Probation Unit is fully staffed with 6 monitors and 1 Office Technician (OT). One monitor dedicates approximately 65% of her work hours to BreEze Data Verification and other BreEze projects.

The Discipline Unit is fully staffed with 5 case analysts, 2 legal support analysts, 1 cite and fine analyst and 2 OTs.

One discipline analyst has been dedicated to BreEze full time; therefore, her workload will be absorbed by the other analysts and managers.

The Discipline and Probation Programs lose 160 hours per month of staff time due to state mandated furloughs.

Program – Discipline

Discipline will continue to audit charges from the Attorney General's (AG) offices to determine if the BRN is being charged appropriately. Our BRN research analysts also review AG charges seeking out anomalies for review.

The total amount of open discipline cases are 1,836 with an average case load per analyst at 367. There are approximately 1,962 cases at the AG's office.

The Legal Support Analyst started preparing default decisions for the Sacramento Office effective October 1, 2012. The Legal Support Analysts have been working under the direction of DCA Legal Counsel to prepare default decisions for the Oakland and San Francisco AG Offices for approximately two years. We have contacted the AGs office and requested to begin processing the defaults for the LA office as soon as possible and expand to the San Diego office shortly thereafter.

Our Legal Support Analyst and staff have been busy processing Decisions. For fiscal year 2013 (July 1, 2012 through March 20, 2013):

Decisions Adopted by Board	871
Pending Processing by legal support staff	15

Staff continues to increase its usage of citation and fine as a constructive method to inform licensees and applicants of violations which do not rise to the level of formal disciplinary action.

The BRN continues to issue citations for address change violations pursuant to the California Code of Regulations §1409.1. To date we have ordered \$27,100 for failure to update address change citations. The BRN website was updated with a reminder of the address change requirement.

We have issued more citations and received more payments than any time in BRN history.

Citation information below reflects the work for fiscal year 2013 (July 1, 2012 through March 20, 2013).

Number of citations issued	533
Total fines ordered	\$217,875.00
Fines paid (amounts include payments from fines issued in prior fiscal year)	\$147,506.50
Citations pending issuance	500+

The Discipline Unit continues to work on the NURSYS discipline data comparison project (SCRUB). The status of the documents reviewed:

Referred to the Attorney General	679
Pleadings Received	546
Default Decisions Effective	240
Stipulated Decisions Effective	164
Referred to Cite and Fine	64
Closed Without Action (Action taken by CA (prior to 2000) but not reported to Nursys or information approved at time of licensure)	923

Program – Probation

On February 21 and 22, staff attended the Medical and Pharmacy Boards “Joint Forum to Promote Appropriate Prescribing and Dispensing” a free training offered in San Francisco.

The case load per probation monitor is approximately 121.

AG COSTS:

As of March 20, 2013, the BRN has expended \$1,339,538 at the AG’s office on the NURSYS SCRUB cases.

Statistics - Discipline

Please review additional statistical information which can be found under item 9.3.

Statistics – Probation

Below are the statistics for the Probation program from July 1, 2012 to March 19, 2013

Probation Data	Numbers	% of Active
Male	184	25%
Female	538	75%
Chemical Dependency	363	50%
Practice Case	219	30%
Mental Health	1	>1%
Conviction	139	19%
Advanced Certificates	73	10%
Southern California	363	50%
Northern California	359	50%
Pending with AG/Board	89	12%
License Revoked	18	3%
License Surrendered	61	8%
Terminated	6	<1%
Completed	39	5%
Active in-state probationers	722	
Completed/Revoked/Terminated/ Surrendered	124	
Tolled Probationers	222	

NEXT STEP:

Follow directions given by committee and/or board.
Regain ability to prepare all default decisions.

FINANCIAL IMPACT, IF ANY:

AG's budget line item will be closely monitored.
Updates will be provided at each DDC meeting for
review and possible action.

PERSON TO CONTACT:

Beth Scott, Deputy Chief of Discipline, Probation, and
Diversion
(916) 574-8187

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.3

DATE: April 10, 2013

ACTION REQUESTED: Information Only: Enforcement Division Statistics

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Attached you will find statistics for the Enforcement Division. Please review the information provided.

NEXT STEP: Updates will be provided to the committee and board at each meeting. Follow directions given by committee and/or board.

FINANCIAL IMPLICATION, IF ANY: None at this time

PERSON TO CONTACT: Kathy Hodge, Deputy Chief of Complaints and Investigations
(916) 574-7678

Beth Scott, Deputy Chief of Discipline, Probation and Diversion
(916) 574-8187

CALIFORNIA BOARD OF REGISTERED NURSING ENFORCEMENT STATISTICS

February 28, 2013

STATISTICAL DESCRIPTION	2008-09	2009-10	2010-11	2011-12	2012-13*	Projected FY 2012-13
Complaints Received	5,794	7,483	7,977	7,844	5,171	7,757
Consumer Complaints	3,323	2,190	3,063	2,735	1,779	2,669
Convictions/Arrests	2,471	5,293	4,914	5,109	3,392	5,088
Referred to Diversion Program	400	604	368	1,053	642	963
Division of Investigation (Sworn)-Assigned	582	484	835	693	350	525
Division of Investigation Closed	748	1,015	716	648	541	812
Division of Investigation Pending	1,170	641	789	851	647	
BRN Investigations (Non Sworn)-Assigned		58	33	298	171	257
BRN Investigations Closed		14	53	27	125	188
BRN Investigations Pending		40	25	280	478	
BRN Desk Investigations Assigned	5,650	7,865	7,409	7,204	4,778	7,167
BRN Desk Investigations Closed	3,519	7,116	6,668	5,925	5,483	8,225
BRN Desk Investigations Pending	1,677	1,887	2,137	3,029	2,487	
Criminal Actions Filed	22	21	16	9	2	3
Total Cite and Fine Citations Issued	115	181	105	412	488	732
Referred to Attorney General	515	766	1,190	944	1,215	1,823
Cases Pending at Attorney General	692	838	1,198	1,448	1,899	
Petitions to Revoke Probation Filed	59	91	61	55	46	69
Accusations Filed	359	696	913	589	611	917
Statements of Issues Filed	14	13	52	132	93	140
Total Pleadings	432	800	1,026	776	750	1,125
Orders to Compel Examination (Sec. 820)	4	4	10	12	9	14
Interim Suspension Order	2	8	1	0	2	3
PC23	8	6	7	8	8	12
Applicant Disciplinary Actions:						
(a) License Denied	15	27	55	72	44	66
(b) License Issued on Probation	4	9	14	43	56	84
Total, Applicant Discipline	19	36	69	115	100	150
Licensee Disciplinary Actions:						
(a) Revocation	131	243	273	227	190	285
(b) Probation	139	176	267	225	186	279
(c) Suspension/Probation	6	1	6	3	1	2
(d) License Surrendered	79	92	155	128	130	195
(e) Public Reprimand/Reproval	8	12	37	79	48	72
(f) Decisions Other	5	2	5	3	2	3
Total, Licensee Discipline	368	526	743	665	557	836
Process Used for Discipline (licensees)						
(a) Administrative Hearing	56	58	102	121	80	120
(b) Default Decision	105	206	217	183	152	228
(c) Stipulation	207	262	424	361	325	488
Total	368	526	743	665	557	836

*Fiscal Year to Date

BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
FOR ALL IDENTIFIERS
07/01/2012 THRU 02/28/2013

COMPLAINT INTAKE

COMPLAINTS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
RECEIVED	158	401	309	204	150	197	145	215	1779
CLOSED W/O INV ASSIGNMENT	32	44	26	47	52	29	42	39	311
ASSIGNED FOR INVESTIGATION	101	349	299	185	154	112	149	118	1467
AVG DAYS TO CLOSE OR ASSIGN	22	6	10	48	20	10	39	30	21
PENDING	157	166	150	122	66	122	76	133	133
CONVICTIONS/ARREST REPORTS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
RECEIVED	511	406	360	400	382	506	435	392	3392
CLSD/ASSGND FOR INVESTIGATION	497	338	401	399	421	475	452	419	3402
AVG DAYS TO CLOSE OR ASSIGN	4	8	9	14	10	5	39	7	12
PENDING	84	152	111	112	73	104	87	60	60
TOTAL INTAKE	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
RECEIVED	669	807	669	604	532	703	580	607	5171
CLOSED W/O INV ASSIGNMENT	50	49	33	65	61	40	55	49	402
ASSIGNED FOR INVESTIGATION	580	682	693	566	566	576	588	527	4778
AVG DAYS TO CLOSE OR ASSIGN	8	7	10	27	13	6	39	13	15
PENDING	241	318	261	234	139	226	163	193	193

BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
FOR ALL IDENTIFIERS
07/01/2012 THRU 02/28/2013

INVESTIGATIONS

DESK INVESTIGATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
ASSIGNMENTS	581	679	694	565	565	576	591	527	4778
CLOSED	641	684	676	825	699	635	683	640	5483
AVERAGE DAYS TO CLOSE	160	138	146	139	126	129	100	144	135
PENDING	3565	3482	3447	3083	2885	2775	2638	2487	2487
FIELD INVESTIGATIONS:NON-SWORN	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
ASSIGNMENTS	8	23	30	44	15	11	24	16	171
CLOSED	14	2	12	10	19	16	33	19	125
AVERAGE DAYS TO CLOSE	988	766	694	726	634	710	839	803	778
PENDING	460	480	498	531	527	522	484	478	478
FIELD INVESTIGATIONS:SWORN	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
ASSIGNMENTS	45	53	22	66	49	40	48	27	350
CLOSED	78	66	72	72	68	68	55	62	541
AVERAGE DAYS TO CLOSE	642	581	575	636	697	568	561	541	602
PENDING	804	797	747	737	719	691	684	647	647
ALL INVESTIGATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
FIRST ASSIGNMENTS	581	681	694	566	566	576	591	528	4783
CLOSED	733	752	760	907	786	719	771	721	6149
AVERAGE DAYS TO CLOSE	227	178	195	185	188	184	164	195	189
PENDING	4829	4759	4692	4351	4131	3988	3806	3612	3612
ALL INVESTIGATIONS AGING	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
UP TO 90 DAYS	402	419	415	479	421	396	502	440	3474
91 TO 180 DAYS	60	91	104	146	137	89	58	52	737
181 DAYS TO 1 YEAR	96	104	68	128	81	86	73	88	724
1 TO 2 YEARS	122	94	125	104	112	111	91	103	862
2 TO 3 YEARS	37	41	40	32	25	29	39	25	268
OVER 3 YEARS	16	3	8	17	10	8	8	13	83
CLOSED W/O DISCIPLINE REFERRAL	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
CLOSED	531	562	550	666	570	525	618	570	4592
AVERAGE DAYS TO CLOSE	164	136	136	141	142	132	120	159	141

BOARD OF REGISTERED NURSING
ENFORCEMENT MEASURES
FOR ALL IDENTIFIERS
07/01/2012 THRU 02/28/2013

ENFORCEMENT ACTIONS

AG CASES	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
AG CASES INITIATED	145	146	166	194	177	157	115	115	1215
AG CASES PENDING	1527	1491	1563	1681	1770	1854	1875	1944	1944
SOIs/ACCUSATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
SOIs FILED	13	13	7	18	10	15	11	6	93
ACCUSATIONS FILED	71	48	75	107	80	87	59	84	611
SOI DECISIONS/STIPS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
PROP/DEFLT DECISIONS	8	9	4	1	3	4	10	1	40
STIPULATIONS	0	14	7	10	7	2	5	1	46
ACC DECISIONS/STIPS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
PROP/DEFLT DECISIONS	35	74	14	18	15	21	40	15	232
STIPULATIONS	47	56	57	26	48	41	32	18	325
SOI DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
SOI FINAL ORDERS (DEC/STIPS)	8	23	11	11	10	6	15	2	86
AVERAGE DAYS TO COMPLETE	611	539	549	513	593	574	592	499	561
ACC DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
ACC FINAL ORDERS (DEC/STIPS)	82	130	71	44	63	62	72	33	557
AVERAGE DAYS TO COMPLETE	757	728	864	829	826	734	809	613	773
TOTAL DISCIPLINARY ORDERS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
TOTAL FINAL ORDERS (DEC/STIPS)	90	153	82	55	73	68	87	35	643
TOTAL AVERAGE DAYS TO COMPLETE	744	700	822	766	794	720	772	607	745
TOTAL ORDERS AGING	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
UP TO 90 DAYS	0	0	0	0	0	0	0	0	0
91 TO 180 DAYS	0	0	0	0	0	0	1	0	1
181 DAYS TO 1 YEAR	5	12	3	7	8	3	7	8	53
1 TO 2 YEARS	50	90	35	21	29	39	42	17	323
2 TO 3 YEARS	24	30	30	15	21	20	26	10	176
OVER 3 YEARS	11	21	14	12	15	6	11	0	90
SOIs WDRWN DSMSSD DCLND	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
SOIs WITHDRAWN	0	1	1	3	0	1	0	0	6
SOIs DISMISSED	0	0	0	0	0	0	0	0	0
SOIs DECLINED	0	0	0	0	0	0	0	0	0
AVERAGE DAYS TO COMPLETE	0	232	333	474	0	679	0	0	444
ACCUSATIONS WDRWN DSMSSD DCLND	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
ACCUSATIONS WITHDRAWN	0	2	1	2	0	0	2	1	8
ACCUSATIONS DISMISSED	0	0	0	1	0	0	0	0	1
ACCUSATIONS DECLINED	1	1	5	7	4	3	1	4	26
AVERAGE DAYS TO COMPLETE	901	1014	563	432	550	648	854	863	648

NO DISCIPLINARY ACTION	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
CLOSED W/O DISCIPLINARY ACTION	1	2	0	5	7	0	1	1	17
AVERAGE DAYS TO COMPLETE	51	437	0	402	355	0	61	4	322
CITATIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
FINAL CITATIONS	37	77	95	115	75	18	26	45	488
AVERAGE DAYS TO COMPLETE	571	258	167	152	177	652	364	595	278
OTHER LEGAL ACTIONS	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
INTERIM SUSP ORDERS ISSUED	0	0	0	2	0	0	0	0	2
PC 23 ORDERS ISSUED	1	3	0	1	1	1	0	1	8

BOARD OF REGISTERED NURSING
PERFORMANCE MEASURES
FOR ALL IDENTIFIERS
07/01/2012 THRU 02/28/2013

PERFORMANCE MEASURES

	JUL-12	AUG-12	SEP-12	OCT-12	NOV-12	DEC-12	JAN-13	FEB-13	YTD
PM1: COMPLAINTS VOLUME	158	401	309	204	150	197	145	215	1779
PM1: CONV/ARREST RPRTS VOLUME	511	406	360	400	382	506	435	392	3392
PM2: CYCLE TIME-INTAKE	8	7	10	27	13	6	39	13	15
PM3: CYCLE TIME-NO DISCIPLINE	164	136	136	141	142	132	120	159	141
PM4: CYCLE TIME-DISCIPLINE	736	697	822	736	756	720	764	590	734

PM1: COMPLAINTS VOLUME - PM1: CONV/ARREST RPRTS VOLUME

Number of Complaints and Convictions/Arrest Orders Received within the specified time period.

PM2: CYCLE TIME-INTAKE

Average Number of Days to complete Complaint Intake during the specified time period.

PM3: CYCLE TIME-NO DISCIPLINE

Average Number of Days to complete Complaint Intake and Investigation steps of the Enforcement process for Closed Complaints not resulting in Formal Discipline during the specified time period.

PM4: CYCLE TIME-DISCIPLINE

Average Number of Days to complete the Enforcement process (Complaint Intake, Investigation, and Formal Discipline steps) for Cases Closed which had gone to the Formal Discipline step during the specified time period.

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.4

DATE: April 10, 2013

ACTION REQUESTED: Information Only: Diversion Program Update

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

Program Update

The Diversion Program has filled their vacant Office Technician Position with Kim Poston. She was most recently employed as a health aid at an elementary school for 6 years. This is her first state service appointment. Due to lack of support staff and furlough hours the backlog of complaints has increased. She has diligently worked to help alleviate the backlog and has processed over 200 complaints since she began her employment with the BRN at the end of December. The Program is now processing January complaints and should be totally caught up within the next 30 days.

On February 21 and 22nd, the Program Manager, Carol Stanford and the Deputy Chief of Discipline, Probation and Diversion, Beth Scott attended the California Medical and Pharmacy Boards' Joint Forum to Promote Appropriate Prescribing and Dispensing. The topics included, but were not limited to: information relating to public policy surrounding prescription drug abuse, prescription drug trafficking, abuse and diversion of narcotics, California's Prescription Drug Monitoring Program (CURES) and what to do when your patients are addicted. There were guest speakers from the White House, Drug Enforcement Agency, Criminal Justice Department, District Attorney and Attorney General's Office, the Emergency Medical Services, hospitals and the Medical and Pharmacy Boards. The information obtained was very educational. Training materials from the forum will be available on the Medical Board and Pharmacy Board's website at a later date.

Due to the prescription drug abuse epidemic and changes in many of the illegal drugs used by healthcare professionals, the Department of Consumer Affairs' (DCA) Diversion Program Managers along with DCA's legal staff met with Maximus and approved a more extensive and updated drug testing protocol. The new panel has been in place for a couple months and the program is monitoring the results to determine if there are any increases in positive tests. The panel change brought about a slight increase in testing fees which had already been accounted for in the DCA contract.

Contractor Update

Maximus is recruiting for a vacant clinical case manager position. As our Diversion Program numbers increase, this position becomes more vital. They are aggressively advertising for a qualified nurse to fulfill this vacant position.

Maximus is also contracted to do continual outreach presentations in the healthcare community. This is sometimes done in conjunction with BRN staff and has increased public awareness about the Diversion program to nursing programs and hospital staff personnel. Some of the comments on the evaluations the program has been receiving as a result of these presentations are, “Wonderful presentation.” “Excited to hear there is a program like this for healthcare professionals.” “Perhaps if there were a website or more advertisement out to the healthcare industry more healthcare professionals could utilize the program.” “Thanks for presenting this area...often overlooked...” This is a major component of the Maximus contract which we look forward to expanding in the near future.

Diversion Evaluation Committees (DEC)

Four nursing students from Samuel Merritt College attended the Diversion Evaluation Committee’s open session in the Bay Area. The committee members discussed the Diversion Program with the students and explained the Board’s disciplinary processes. BRN staff and the committee were able to answer the students’ questions and help them distinguish the difference between Diversion and Probation.

There are currently four vacancies at this time: one public, one registered nurse, and two physician positions. Recruitment efforts continue.

Statistics

The Statistical Summary Report for December 2012 and January 2013 is attached. As of January 31, 2013, there were 1,736 successful completions.

NEXT STEP:	None
FINANCIAL IMPLICATION, IF ANY:	None at this time. Updates will be provided at each DDC meeting for review and possible action.
PERSON TO CONTACT:	Carol Stanford, Diversion Program Manager (916) 574-7616

**BOARD OF REGISTERED NURSING
DIVERSION PROGRAM
STATISTICAL SUMMARY
December 1, 2012 - January 31, 2013**

	CURRENT MONTHS	YEAR TO DATE (FY)	PROGRAM TO DATE
INTAKES COMPLETED	24	116	4,570
INTAKE INFORMATION			
Female	21	97	3,582
Male	3	19	961
Unknown	0	0	27
Average Age	35-39		
Most Common Worksite	Hospital		
Most Common Specialty	Med-Surg		
Most Common Substance Abused	Alcohol		
PRESENTING PROBLEM AT INTAKE			
Substance Abuse (only)	11	52	2,928
Mental Illness (only)	2	4	151
Dual Diagnosis	10	55	1,439
Undetermined	1	5	52
REFERRAL TYPE*			
Board	17	90	3,287
Self	7	26	1,283
*May change after Intake			
ETHNICITY (IF KNOWN) AT INTAKE			
American Indian/Alaska Native	1	2	33
Asian/Asian Indian	3	7	99
African American	1	2	141
Hispanic	2	10	180
Native Hawaiian/Pacific Islander	0	0	19
Caucasian	16	93	3,767
Other	1	2	65
Not Reported	0	0	266
CLOSURES			
Successful Completion	6	67	1,736
Failure to Derive Benefit	0	2	117
Failure to Comply	2	8	946
Moved to Another State	0	0	51
Not Accepted by DEC	1	1	48
Voluntary Withdrawal Post-DEC	3	6	309
Voluntary Withdrawal Pre-DEC	1	7	450
Closed Public Risk	1	9	255
No Longer Eligible	0	3	13
Clinically Inappropriate	1	5	17
Client Expired	0	0	38
Sent to Board Pre-DEC	0	0	1
TOTAL CLOSURES	15	108	3,981
NUMBER OF PARTICIPANTS: 462 (as of January 31, 2013)			

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.4.1

DATE: April 10, 2013

ACTION REQUESTED: Information Only: Diversion Evaluation Committee Transfer

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

In accordance with B&P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician, and a public member with expertise in chemical dependency and/or mental health.

TRANSFER

Below is the name of the DEC member who would like to transfer from his appointed DEC to another DEC for personal reasons.

<u>NAME</u>	<u>TITLE</u>	<u>From DEC</u>	<u>NO</u>	<u>To DEC</u>	<u>NO</u>
Scott Reiter,	Physician	Ontario	9	L.A.	3
Barry Solof,	Physician	San Jose	7	Ontario	9

NEXT STEP: Continue recruiting efforts

FINANCIAL IMPLICATION, IF ANY: None at this time

PERSON TO CONTACT: Carol Stanford, Diversion Program Manager
(916) 574-7616

BOARD OF REGISTERED NURSING
Diversion/Discipline Committee
Agenda Item Summary

AGENDA ITEM: 9.4.2

DATE: April 10, 2013

ACTION REQUESTED: Information Only: Diversion Evaluation Committee Resignation

REQUESTED BY: Cynthia Klein, RN, Chairperson

BACKGROUND:

In accordance with B&P Code Section 2770.2, the Board of Registered Nursing is responsible for appointing persons to serve on the Diversion Evaluation Committees. Each Committee for the Diversion Program is composed of three registered nurses, a physician, and a public member with expertise in chemical dependency and/or mental health.

RESIGNATION

Diversion Evaluation Committee Member Resignation for personal reasons.

<u>NAME</u>	<u>TITLE</u>	<u>DEC</u>	<u>NO</u>
Romana Zvereva,	Physician	Los Angeles	3
Glenn Wedeen	Physician	Ontario	9

NEXT STEP: Continue recruiting efforts

FINANCIAL IMPLICATION, IF ANY: None at this time

PERSON TO CONTACT: Carol Stanford, Diversion Program Manager
(916) 574-7616

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.1

DATE: April 10, 2013

ACTION REQUESTED: Approve / not approve advisory statements for Registered Nursing: RNs and APRNs

REQUESTED BY: Janette Wackerly, MBA, RN
Supervising Nursing Education Consultant

BACKGROUND:

Registered nursing advisory statements are available at www.rn.ca.gov. When using the BRN home page, place the cursor on the left hand side of the page "Practice Information." Click on the RN, NP, or CNM document for viewing.

Legal has had opportunity to review the listing of proposed registered nursing and advanced practice advisories as requested.

The following advisories are a result of legislation enacted during 2011-2012 session, adding Section 2417.5 to Business and Professions Code relating to the practice of medicine, cosmetic surgery, employment of physicians and surgeons. Medical Board is in the process of adopting Section 1364.50, Article 10, Chapter 2, Division 13, of Title 16 regulations on the appropriate level of physician availability needed within clinics or other settings where laser or intense light devices is used for cosmetic surgery.

The Practice Committee is requesting review and acceptance of the following advisories:

Registered Nurse and Advanced Practice Nurses:

1. Elective Cosmetic Medical Procedures or Treatment: Med Spa
2. Physician Availability: Elective Cosmetic Procedures

NEXT STEPS: Place on the BRN website

FISCAL IMPACT, IF ANY: None

PERSON(S) TO CONTACT: Janette Wackerly, MBA, RN
Supervising Nursing Education Consultant
916-574-7686

BOARD OF REGISTERED NURSING

PO Box 944210, Sacramento, CA 94244-2100

P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov

Louise R. Bailey, MEd, RN, Executive Officer



Registered Nurses and Advanced Practice Nurses

Elective Cosmetic Medical Procedures or Treatments: Med Spa

Legislation enacted during 2011-2012 Session

Assembly Bill 1548, (Carter) Chapter 140 is an act to add Section 2417.5 to the Business and Professions Code, relating to practice of medicine, cosmetic surgery, employment of physicians and surgeons.

Approved by Governor Edmund G. Brown, Jr., July 17, 2012. Filed with the Secretary of State July 17, 2012. This amendment to the law increases the penalties for illegally owning and operating a medical spa.

Current law already requires that medical businesses operating in California be owned by a physician or owned at least 51 percent by a physician and the remainder by a licensed practitioner, such as a nurse. Additionally, patients must be examined by a physician or an advanced practitioner, such as a nurse, or a physician assistant, before treatments are administered.

This bill, with respect to business organization that provide outpatient elective cosmetic procedures or treatments, that are owned and operated in violation of the prohibition against employment of licensed physician and surgeon and podiatrist, and contracts with or employs these licensees to facilitate the offer or provision of procedures or treatments that may only be provided by these licensees, would make that business organization guilty of a violation of the prohibition against knowingly making or causing to be made any false or fraudulent claim of payment of a health care benefit.

The Medical Practice Act restricts the employment of licensed physicians and surgeons and podiatrists by a corporation or other artificial legal entity, subject to specific exemptions. Existing law makes it unlawful to knowingly make, or cause to make, any false or fraudulent claim for payment of health care benefit, or to aid, abet, solicit, or conspire with any person to do so, and makes a violation of this prohibition public offense.

THE PEOPLE OF CALIFORNIA DO ENACT AS FOLLOWS:

Section 1. The Legislature finds and declares that the Medical Practice Act prohibits corporations and other artificial legal entities from exercising professional rights, privileges, or powers, as described in Article 18, (commencing with Section 2400) of Chapter 5 of Division 2 of the Business and Professions Code, and that the prohibited conduct described in Section 2417.5 of the Business and Professions Code, as added by this act, is declaratory of existing law.

Sec.2. Section 2417.5 is added to the Business and Professions Code to read:

2417. (a) A business organization that offers to provide, or provides, outpatient elective cosmetic medical procedures or treatments, that is owned and operated in violation of Section 2400, and that contracts with or otherwise employs, a physician and surgeon to facilitate its offers to provide, or the provision of, outpatient elective cosmetic medical procedures or treatment that may be provided only by the holder of a valid physician's and surgeon's certificate is guilty of violation paragraph (6) of Section 550 of the Penal Code.

(b) For purposes of this section, "outpatient elective cosmetic medical procedures or treatments" means medical procedures or treatments that are performed to alter or reshape normal structures of the body solely in order to improve appearance.

(c) Nothing in this section shall be construed to alter or apply to arrangements currently authorized by law, including but not limited to, an entity operating a medical facility or other business authorized to provide medical services under Section 1206 of the Health and Safety Code.

Sec.3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.



Registered Nurse and Advanced Practice Nurses

Proposed Regulations: Physician Availability: Elective Cosmetic Procedures

Legislation enacted during 2011 Session

Senate Bill 100, (Price), Chapter 645 Section Affected: Adopt Section 1364.50 in Article 10, of Chapter 2, Division 13, of Title 16.

This bill amended Section 2023.5 of the Business and Professions Code to add subdivision (c), which requires the Medical Board of California (Board) to adopt regulations on the appropriate level of physician availability needed within clinics or other settings using laser or intense pulse light devices for elective cosmetic surgery. However, these regulations shall not apply to laser or intense pulse light devices approved by Federal Food and Drug Administration for over-the-counter use by health care practitioners or by unlicensed person on himself or herself.

Medical Board of California
Physician Availability: Elective Cosmetic Procedures
Specific Language of Proposed Changes

Add Section 1364.50 in Article 10, of Chapter 2, Division 13, of Title 16 of the California Code of Regulations to read as follows:

Whenever an elective cosmetic procedure involving the use of a laser or intense pulse light device is performed by a licensed health care provider acting within the scope of his or her license, a physician with relevant training and expertise shall be immediately available to the provider. For the purposes of this section, "immediately available" means contactable by electronic or telephonic means without delay, interruptible, and able to furnish appropriate assistance and direction throughout the performance of the procedure and to inform the patient of provisions for post procedure care. Such provisions shall be contained in the licensed health care provider's standardized procedures and protocols.

The status of the regulation is March 4, 2013 at Office of Administrative Law for approval.

BOARD OF REGISTERED NURSING
Nursing Practice Committee
Agenda Item Summary

AGENDA ITEM: 10.2

DATE: April 10, 2013

ACTION REQUESTED: Review and discuss Practice Committee Goals and Objectives 2013-2014 to provide for continuing information on nursing practice in California.

REQUESTED BY: Janette Wackerly, MBA, RN
Supervising Nursing Education Consultant

BACKGROUND:

Nursing Practice Committee Goal and Objectives 2013-2014

Goal 5 states to develop and implement processes for the Board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and to promote maximum utilization of advanced practice nursing.

- Objective 5.1 - is to support and promote full utilization of advanced practice nurses
- Objective 5.2 - is to monitor trends and growing opportunities for advanced practice nursing in areas of health promotion, prevention, and managing patients through the continuum of care.
- Objective 5.3 - actively participate with organizations and agencies focusing on advanced practice nursing.
- Objective 5.4 - in collaboration with the Education/Licensing Committee remain actively involved in facilitating communication and work in progress for education/certification function and communication with advanced practice education directors, professional organizations, state agencies and other groups.

The Practice Committee is requesting the appointment of advanced practice advisory committee.

The suggestion is that the advisory committee has a rich and diverse membership including RNs, APRNs, members who represent direct practice, health administration, education, and members from appropriate agencies and health care settings.

Suggested goals of the advisory committee to recommend to the board:

- Respond to the changing health care environment by addressing changes in rules and regulation as requested by the board.
- Respond to APRN regulations and need for updating for practice and education as requested by the board.
- Discuss scope of practice and educational issues as requested by the board.

NEXT STEPS:

If approved, move to set up a advance practice advisory committee.

FISCAL IMPACT, IF ANY:

To be determined.

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**BOARD OF REGISTERED NURSING
NURSING PRACTICE COMMITTEE**

2013/2014 GOALS AND OBJECTIVES

GOAL 1	In support of the consumers' right to quality care, identify and evaluate issues related to registered nursing tasks being performed by unlicensed assistive personnel.
Objective 1.1	Take an active role in activities conducted by other agencies and organizations related to unlicensed assistive personnel.

GOAL 2	Promote patient safety as an essential and vital component of quality nursing care.
Objective 2.1	Engage and dialogue with recognized national experts in supporting patient safety in what individuals and organizations have done and what remains to be done. For example, just culture and root cause analysis, failure mode and effect analysis, human factor and systems factor.
Objective 2.2	Monitor patient and resident safety activities as a component of quality nursing care such as health care errors, competency, patient outcomes, stakeholders, nursing shortage, ethics, lifelong learning, nursing standards, licensure, safety legislation, and magnet hospitals.

GOAL 3	Develop and implement processes for the Board to interact with stakeholders to identify current trends and issues in nursing practice and the health care delivery system.
Objective 3.1	Actively participate with other public and private organizations and agencies involved with health care to identify common issues and to promote RN scope of practice consistent with the Nursing Practice Act and ensuring consumer safety.

GOAL 4	Identify and implement strategies to impact identified trends and issues.
Objective 4.1	Provide timely written and/or verbal input on proposed regulations related to health care policies affecting nursing care.
Objective 4.2	Collaborate with the Education/Licensing Committee on educational issues/trends and the Legislative Committee on legislation pertaining to nursing practice.
Objective 4.3	Review and revise current BRN advisory statements and recommend new advisory statements as needed to clarify standards of nursing practice.

GOAL 5	Develop and implement processes for the Board to interact with stakeholders to identify and evaluate issues related to advanced practice nursing and to promote maximum utilization of advanced practice nursing.
Objective 5.1	Support and promote full utilization of advanced practice nurses.
Objective 5.2	Monitor trends and growing opportunities for advanced practice nursing in areas of health promotion, prevention, and managing patients through the continuum of care.
Objective 5.3	Actively participate with organizations and agencies focusing on advanced practice nursing.
Objective 5.4	In collaboration with the Education/Licensing Committee remain actively involved in facilitating communication and work in progress for education/certification function and communication with advanced practice educational program directors, professional organizations, state agencies and other groups.
